

SCHOOL _____

VEHICLE TO BE USED

VEHICLE

Year/Make/Model _____

Colour _____

Licence Plate _____

Passenger Capacity _____

Owner's Name _____

VEHICLE INSURANCE

Company _____

Policy # _____

Coverage _____

AGREEMENTS

I _____ (*please print name clearly*), the volunteer driver, possess a valid Class _____ Drivers Licence No. _____ (*copy attached*).

My Drivers Abstract dated _____ is attached.

I certify that I have no significant moving violations (i.e., excessive speeding tickets, crashes, hit and runs, etc.), no impaired driving charges, and no criminal charges related to a motor vehicle in the past 36 months (minimum).

The vehicle has \$ _____ Third Party Liability Insurance.

- The District recommends that Volunteer Drivers maintain \$5,000,000 Third Party Liability Insurance.
- If a volunteer driver has less than \$1,000,000 of Third Party Liability, the School Protection Plan will cover the difference up to \$1,000,000.
- A minimum of \$10,000,000 is required for any vehicle with the capacity to carry more than ten people including the driver.

The vehicle has _____ operating seat belts. I agree to wear a seat belt and will require all passengers to wear a seat belt.

AGREEMENTS CONTINUED

I agree that I will not permit a child under 13 years of age to occupy the front passenger seat of a vehicle equipped with a passenger seat air bag.

The vehicle is maintained in a safe operating condition and will be equipped with tires appropriate for winter driving conditions.

Vehicles used will only be driven by the volunteer driver noted above who must be at least 21 years of age and in good health.

For safety and health reasons, volunteer drivers are asked not to allow smoking in their vehicles while transporting students.

I, _____, consent to a Criminal Record Check (consent form attached).

DRIVERS LICENCE REQUIREMENTS

REQUIRED DRIVERS LICENCE CLASSIFICATION	SEATING CAPACITY (INCLUDING DRIVER)
Class 5	Passenger vehicle carrying up to 10 people
Class 4	School bus, special activity bus or special vehicle carrying 11 to 24 people
Class 2	School bus, special activity bus or special vehicle carrying over 24 people

VOLUNTEER DRIVER APPLICATION

The **Volunteer Driver Application** may not be taken as a guarantee of driver suitability. The Principal or supervisor will use good judgement in determining the suitability of drivers and vehicles and reserves the right to deny an application for any reason.

DRIVER DECLARATION

I have read the items listed on the Volunteer Application regarding transportation of students for sanctioned school activities and accept and agree to follow these School District procedures.

Driver's Signature

Driver's Name (please print)

Address: _____

Telephone: _____

Date: _____

OWNER DECLARATION

I have read the items listed on the Volunteer Application regarding transportation of students for sanctioned school activities and accept and agree to follow these School District procedures.

Owner's Signature

Owner's Name (please print)

Address: _____

Telephone: _____

Date: _____

PRINCIPAL'S CONSENT

I have reviewed all information provided by _____ and have determined that this individual is a suitable volunteer driver.

Principal's Signature

Principal's Name (please print)