

Expiry Date:

Secondary School
VOLUNTEER DRIVER APPLICATION
(To be completed by employees and volunteers transporting students)

Driver's Name:			
Driver's Address:			
Phone Numbers	Home:		Cell:
*Please ensure the information in the section below is verified by a school staff member			
BC Driver's License #:			
BC Vehicle License Plate #:			
Insurance Documents:	(please show to staff for verification of insurance coverage and license plate)		
Driver's Abstract:	(please attach a recent copy)		
Driver is:	Parent [<input type="checkbox"/>]	Student Name: _____	
		Staff [<input type="checkbox"/>]	Other: _____
Vehicle Owner:	Driver	Other: _____	
Vehicle Owner Address:	As Above	Other: _____	
Vehicle Make/Model/Year:			
Max. Number of Passengers:	(excluding the driver)		

DRIVER'S STATEMENT: I agree to:

- Keep the safety of students as the highest priority;
- Follow instructions by the Educator-in-Charge of the field trip;
- Provide a safe, roadworthy vehicle licensed in British Columbia;
- Operate the vehicle in a safe manner and as required by law;
- Do not consume any substances that may affect our driving ability while transporting students;
- Provide a non-smoking environment while transporting students;
- Comply with distracted driving legislation while transporting students;
- Refrain from using a cellular device while transporting students;
- Verify the use of passenger restraint systems/seat belts for all occupants.

[] I have read, I understand and I agree to follow Policy 10310 Volunteers and the procedures associated with it.

Driver's Signature _____
Date

I AUTHORIZE MY SON/DAUGHTER _____, TO BE A STUDENT VOLUNTEER DRIVER.	
_____ Parent/Guardian Signature	_____ Date

PRINCIPAL OR DESIGNATE APPROVAL:

Signature _____
Position _____
Date

*Note: The School District's insurer provides excess Third Party Liability coverage for individuals driving their own vehicle for school district business
Approved: - Reference Policy 10310 Volunteers