



Expiry Date: \_\_\_\_\_

\_\_\_\_\_ Elementary School  
**VOLUNTEER DRIVER APPLICATION**  
*(To be completed by employees and volunteers transporting students.)*

Driver's Name:		_____	
Driver's Address:		_____ _____	
Phone Numbers	Home:	Cell:	_____
<b>*Please ensure the information in the section below is verified by a school staff member</b>			
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 [ ]	Student Name: _____	
		Staff [ ]	Other: _____
Vehicle Owner:	Driver	Other: _____	
Vehicle Owner Address:	As Above	Other: _____	
Vehicle Make/Model/Year:		_____	
Max. Number of Passengers:		(excluding the driver)	
My vehicle has [ ] seats that meet the criteria for safe placement of booster seats.			

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;
- Maintain a zero blood alcohol level while transporting students;
- 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;
- Ensure students age 12 or under do not occupy front seats equipped with active air bags;
- 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

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

DEC 2017