

Elementary 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:	(ple	ase sh	ow to staff f	or verif	ication	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	Э				
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

PRINCIPAL OR DESIGNATE APPROVAL:

Signature

Position

Date

Date