

Expiry Date:

Pitt Meadows 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	n in the section	n 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 🗖	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)		
 Provide a non-smoking en Comply with distracted dr Refrain from using a cellul Verify the use of passenge 	afe manner and tances that man avironment whitiving legislation lar device while er restraint syst	I as required by law y affect your driving ability while transporting students; le transporting students; a while transporting students; a while transporting students;	
AUTHORIZE MY SON/DAUGHTER		, TO BE A STUDENT VOLUNTEER DRIVER.	
arent/Guardian Signature		Date	
PRINCIPAL OR DESIGNATE APP	ROVAL:		
Signature		Position Date y Liability coverage for individuals driving their own vehicle for school	

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