

Expiry Date:

Yennadon 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	on in the section	n below is verified	by a school	staff member	
BC Driver's License #:					
BC Vehicle License Plate #:					
Insurance Documents:	(please	(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:	Student Name:		
Vehicle Owner:	Driver				
Vehicle Owner Address:	As Above		Other:		
Vehicle Make/Model/Year:		1			
Max. Number of Passengers:				(excluding the driver)	
My vehicle has [] seats that n	neet the criteria f	for safe placement o	f booster seat	ts.	
DRIVER'S STATEMENT: I agree to Keep the safety of student Follow instructions by the Provide a safe, roadworthy Operate the vehicle in a sa Maintain a zero blood alco Do not consume any subst Provide a non-smoking en Comply with distracted dri Ensure students age 12 or Verify the use of passenge	Educator-in-Char vehicle licensed afe manner and a hol level while tra cances that may a vironment while to ving legislation we under do not occur er restraint syster	rge of the field trip; in British Columbia; is required by law; ansporting students; affect our driving ab transporting student while transporting stuceupy front seats equins/seat belts for all of the properties of the seats and the seats are the seats and the seats are the seats and the seats are the seats are the seats and the seats are the seats a	ility while trais; idents; ipped with acoccupants.	ctive air bags;	
Driver's Signature		_		Date	
PRINCIPAL OR DESIGNATE APPRO	VAL:				
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