

SCHOOL: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_

OWNER'S EMAIL: \_\_\_\_\_ PHONE: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

DRIVER'S NAME (If different from owner): \_\_\_\_\_

DRIVER'S CHILD/(REN)'S NAME(S): \_\_\_\_\_ GRADE/HR: \_\_\_\_\_

DRIVER'S ADDRESS: \_\_\_\_\_

DRIVER'S EMAIL: \_\_\_\_\_ PHONE: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

DRIVER (please check all that apply): ☐ STAFF ☐ PARENT ☐ STUDENT ☐ N' DRIVER ☐ OTHER (specify) \_\_\_\_\_

VEHICLE MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_ PLATE #: \_\_\_\_\_

SEATING CAPACITY/ # OF SEATBELTS: \_\_\_\_\_ DRIVER'S LICENCE #: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

**As a Volunteer Driver:**

- I certify that I have: had no impaired driving charges, not been responsible for any automobile accidents, and no criminal charges relating to a motor vehicle, in the past 24 months. If holding an Intermediate Stage License (display an "N" sign), I have not had any moving violations in the past 24 months.
- I certify that I have a valid Class 4 or Class 5 BC Drivers' License or equivalent (or, I have an Intermediate Stage License, and display an "N" sign).
- I certify that the vehicle has Third Party Liability Insurance for a minimum of \$1,000,000 for a vehicle.
- I certify that the vehicle is maintained and in a safe operating condition and is equipped with tires appropriate for winter driving conditions.
- I agree to wear a seat belt, ensure that all passengers wear seat belts, and have approved booster seat or child restraint seats as required by the BC Motor Vehicle Act. The vehicle has operating seat belts.
- I agree that I will not permit a Child 12-years and younger to ride in the front passenger seat if a side airbag exists, as stated by Transport Canada.
- I agree to operate the vehicle in a safe and legal manner.
- I have read and agree to abide by the District Code of Conduct ([www.sd38.bc.ca/parents](http://www.sd38.bc.ca/parents)) and to maintain confidentiality.
- I will complete a Police Information Check-Vulnerable Sector (PIC-VS, formally Criminal Records Check) in accordance with Board Policy as required.

DRIVER'S NAME \_\_\_\_\_ DRIVER'S SIGNATURE \_\_\_\_\_ DATE (year/month/day) \_\_\_\_\_

**As a Student Driver:**

For a student driver to be a volunteer driver for the school, the student agrees to the above conditions and the driver's parents/guardians give their permission for the student to drive other students. 'N' drivers may only transport 1 non-family passenger.

STUDENT DRIVER'S NAME \_\_\_\_\_ STUDENT DRIVER'S SIGNATURE \_\_\_\_\_ DATE (year/month/day) \_\_\_\_\_

PARENT'S/GUARDIAN'S NAME \_\_\_\_\_ PARENT'S/GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE (year/month/day) \_\_\_\_\_

**If vehicle is to be operated by a person other than the owner, the following statement must be completed:**

I consent to the above described driver operating the vehicle and transporting passengers in connection with school activities. I confirm that the information given above, relating to the vehicle is correct.

OWNER'S NAME \_\_\_\_\_ OWNER'S SIGNATURE \_\_\_\_\_ DATE (year/month/day) \_\_\_\_\_

**OFFICE USE**

Approval for the use of the above described vehicle driven by \_\_\_\_\_ to assist the school in connection with school activities, is granted until June 30, \_\_\_\_\_. This approval process occurs annually.

PRINCIPAL'S OR DESIGNATE'S NAME \_\_\_\_\_ PRINCIPAL'S OR DESIGNATE'S SIGNATURE \_\_\_\_\_ DATE (year/month/day) \_\_\_\_\_

Notes: 1) Excess liability coverage is provided and is effective only for the vehicle as above noted, while the insurance on that vehicle is valid and there is no breach of the regulations made pursuant to the Insurance (Motor Vehicle) Act and while the vehicle is used to assist the school in connection with school activities. The additional coverage is effective only when the school is coordinating the transportation and the transportation is to and from the approved School/District event. 2) A copy of the driver's insurance certificate (vehicle make, model, year, plate # and third part liability insurance may be requested and kept on file. 3) The signed original of this Form is to be kept at the main office and a copy of this signed Form is returned to the driver for safekeeping.