

Volunteer Driver Application Form

School: _____ School Fax: _____

Driver's Name: _____

Volunteer for (Staff Name): _____

Name of Children in the School: _____

Address (Street, City): _____ Postal Code: _____

Telephone: _____ Email: _____

Vehicles to be used:

	Vehicle 1	Vehicle 2
Year/make/style		
Colour		
License plate		
Passenger capacity		
Owner's name		
Drivers license number		
Number of operating seat belts		
Number of places for booster seats (if applicable see Declaration #2)		
Insurance registration number / expiry date of insurance		

Declarations

In volunteering to transport students, I declare the following:

1. My vehicles used for student transportation are rated appropriately and insured with minimum Third Party Liability insurance of \$1,000,000.
2. My vehicle is properly equipped with seat belts for each occupant; seat belts will be secured when travelling. Booster seats must be used for children up to their 9th birthday or 145cm (4'9") tall, whichever comes first.
3. I understand that the School District will not accept responsibility for any damage to my vehicle in the event of an accident, nor for deductible, loss of insurance discount or loss of use.
4. I will ensure that, to the best of my knowledge, the motor vehicle used for student transportation, is in good mechanical condition.
5. I am at least 21 years of age and in good health and not a secondary school student. Upon request I will provide a copy of my current driver's license to the school principal/vice-principal.
6. My vehicle will be equipped with winter, all season tires and/or chains for winter conditions.
7. For safety and health reasons, I will not allow smoking in my vehicle while transporting students.
8. I will not, at any time during my performance as a volunteer driver, imbibe any alcoholic beverages or use any restricted substances.
9. I will operate the vehicle in a safe manner and not in contravention of any statute or regulation governing the operation of motor vehicles.

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10. My Drivers Record dated _____ is attached. I understand that if violations are recorded a school administrator will determine my suitability as a driver. A new driver's record must be provided every three years.
11. I agree to wear a seat belt and require all passengers to wear a seat belt.
12. I agree that I will not permit a child under 13 years of age to occupy the front passenger seat of a vehicle equipped with a passenger seat air bag.
13. I will not use my hand-held electronic devices, such as cellphones, Blackberrys, MP3 players and ipods, while driving students. Under Bill 15, the *Motor Vehicle Amendment Act, 2009* this is illegal. For further details see the *Motor Vehicle Amendment Act*.
14. I understand that my physical and medical condition is critical to my ability to safely operate a vehicle. I have no physical or medical conditions that restrict my ability to drive, nor am I taking any medications that would impair my ability to drive.

Note:

- A. If a vehicle has the capacity to carry more than 9 occupants the driver must have a Class 4 Driver's license.
- B. The School District provides Excess Third Party Liability coverage for volunteer drivers and owners while lawfully operating vehicles on behalf of the School District.
- C. Your B.C. driving record lists your licensing transactions and offences over the last 5-year period.

Getting your own record

You can get a free copy of your B.C. driving record from a driver licensing office. Here's the process:

1. Go to any driver licensing office. Bring:
 - your B.C. driver's license, or
 - one piece of primary identification and a second piece of either primary or secondary ID.
2. Receive a copy of your driving record from licensing staff.
3. You can also call 604-661-2255 and it will be mailed or faxed to you.

Volunteer Driver's and Vehicle Owner's Declarations

(I/We) have read the declarations above items 1 through 13, including notes, regarding transportation of students for sanctioned school activities and declare each of the above to be true.

Driver Signature:

Date:

Vehicle Owner Name (please print):

School Principal Name:

Vehicle Owner Signature:

School Principal Signature: