



# Volunteer Driver Application

School Name: \_\_\_\_\_

## Coast Mountains Board of Education SD 82

Driver's Name:	Phone Number:
Address:	E-Mail:

**Applications may be approved only when the driver possesses a valid, appropriate driver's license and is able to respond "no" to questions concerning convictions and suspensions over the last three years.**

Driver's License Number:	Class:	Expiry Date:
Has your driver's license been suspended in the last 3 years?		<input type="checkbox"/> yes <input type="checkbox"/> no
If Yes, please provide date of reinstatement:		
Have you been convicted of an offence under the Highway Traffic Act, or for any motor vehicle-related offence under the Criminal Code of Canada during the last three years?		<input type="checkbox"/> yes <input type="checkbox"/> no
If "yes", please identify the offence(s) here:		
Were you found partly and/or responsible for any motor vehicle accident(s) over the last three years?		<input type="checkbox"/> yes <input type="checkbox"/> no

### Insurance related Considerations:

- The board requires that the vehicle owner maintain, at all times, valid automobile Third Party Liability Insurance as required under BC legislation in respect of liability for injury or death of any students who are passengers in the vehicle the volunteer drive is operating.
- In case of an insurance claim (ie. third party damage and/or personal injury) the vehicle owner's automobile liability insurance applies before that of the school board.
- Additional automobile liability insurance protection is provided under the school board's comprehensive general liability insurance policy for authorized drivers transporting students in privately-owned vehicles on an approved school activity. This insurance is only for an amount in excess of the limit of liability provided by the vehicles owners' liability insurance policy.
- Damage to any vehicle**, including the owner's, is the **responsibility of the volunteer driver** and not the school board.

Vehicle:	/	/	/
Make	Model	License Plate Number	Seating Capacity (include driver)
Owner's Name:			
Owner's Address:			
Owner's Phone Home:	Work:	Cell:	
Insurance On Vehicle (Company and Policy Number):			

### Commitments: By submitting this application to become a volunteer driver for the school board,

- I undertake to ensure that the vehicle used to transport students is in safe operating condition and agree to:
  - operate the automobile referred to herein in a safe manner
  - abide by all applicable laws at all times while I am transporting students
  - limit the number of passengers to the number of useable seat belts
  - require proper use of occupant restraint systems
  - I accept the foregoing undertakings and certify that the information contained in this application is correct to the best of my knowledge

Signature of Driver:	Signature of Vehicle Owner:
Signature and name of parent/guardian (if driver is under 17 years of age):	

### For Office Use Only:

The above named driver is authorized to assist the school during the current school year. The assistance is appreciated.

Signature of Principal/Designate:	Date:
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Personal information contained on this form is collected under the authority of the School Act, for the purpose of participating in school trips. If you have any questions about this form, please contact your school administrator.