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School		

## ADULT VOLUNTEER DRIVER INFORMATION AND AUTHORIZATION

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Name	□ Parent □ Teacher □ Other							
Surname (								
If you checked "Parent", name of your child/student								
Address_	dressPostal Code							
Driver's Licence No Class (002 or better)								
	(111	, <u> </u>		-				
DRIVING HISTORY: List driving restrictions								
				-				
List any Motor Vehicle Act offenses for which	you have been con-	victed within the la	st five years.					
DRIVER'S DECLARATION  IDENTIFICATION	VEHICLE#1	VEHICLE#2	VEHICLE #3					
I will be driving a vehicle(s) owned by		VEHICLE#2	VEHICLE #3					
who has given me permission to drive	□ Yes	□ Yes	□ Yes					
the vehicle for this purpose.								
The vehicle licence number is				-				
and is insured for a <b>MINIMUM</b> of	☐ Yes	□ Yes	□ Yes					
\$2,000,000 Third Party Legal Liability.								
This vehicle has (indicate #) of operating seatbelts for students.	#	#	#	-				
□ I have a valid B.C. driver's licence. □ I agree to wear a seatbelt myself, and require all passengers to wear seatbelts in a vehicle required by law. □ I agree to operate the vehicle safely and in a legal manner. □ I have attached a photocopy of my vehicle registration/insurance and driver's licence. □ I must submit a criminal record check and a driver's abstract to the principal. □ If the vehicle to be used is equipped with an air bag on the passenger side, then no student under 13 shall travel in the front seat. □ A booster seat secured with a shoulder harness must be used when transporting students at least 18kg (40 lbs) until their 9th birthday or they reach 145 cm (4'9") tall, whichever comes first. If a shoulder harness is not available students must be secured with a lap belt only (no booster).  I hereby certify that the information given in this application and the documentation attached is correct, complete, and true in every respect. Further, I agree to inform the school administrator of any changes to the information contained in this application during the year.								
Volunteer's Signature I	Date	Ph	one #					
OFFICE USE ONLY								
Signature (School Official receiving for	orm)							
PRINCIPAL'S DECLARATION  I have reviewed this information and the attached documentation. In accordance with Regulation 1241 and my review, I:  □ Authorize □ Do not authorize this applicant								
Principal's Signature Date								

NOTE:

This information, which will be stored in a secure area, is being collected pursuant to Section 26(c) of the Freedom of Information and Protection of Privacy Act. It will be used for the Volunteer Driver Program only.