HIGHLAND SECONDARY

School District No. 71 (Comox Valley)

Highland Secondary Volunteer Form

Parent/Guardian of: (Name of Student – If Applicable)

1. As a volunteer operating within Comox Valley Schools, I have read, understood, and agree to abide by the following documents: (Initial beside each document)

Initial

   a. Administrative Procedure 490 – Volunteers in District Schools _____
   b. Administrative Procedure 490 – Appendix B – Volunteer Code of Conduct _____
      i. Policy 17 – Sexual Orientation and Gender Identity (SOGI) _____
      ii. Policy 24 – Equity and Non-Discrimination _____
      iii. Administrative Procedure 170 _____

2. A criminal record check is required for anyone volunteering with School District #71.
   a. You must apply on-line here and Highland's access code is LTVWF4GGKE
   b. After applying, you must forward your application confirmation to highland@sd71.bc.ca prior to participating in any volunteer activity.
   c. All volunteers must be supervised directly by an SD71 employee at all times until verification of criminal record check is completed.
   d. I agree to and will complete the above stated requirements. _____

3. As a volunteer who is planning on driving any students from Comox Valley Schools, specifically Highland Secondary School, I have read, understood, and agree to abide by the following procedures and processes: (Initial beside each statement)
   a. Administrative Procedure 491 – Student Transportation by Volunteer Drivers _____
   b. Provide a copy of my Driver's Abstract (Record) – NOT the driver factor report.
      i. *To have the driver's abstract (record) sent directly to the school, go on-line to ICBC.com. Get your driving record and have the document forwarded to highland@sd71.bc.ca*

_____

HIGHLAND SECONDARY

c. Provide photocopies of the first **two pages** of insurance showing that the vehicle I am driving has standard insurance coverage with ICBC.

_____

d. Provide a photocopy of valid driver's license. _____

e. To the best of my knowledge, the vehicle I will drive is in sound mechanical condition and is safe for transporting students.

_____

f. I will not drive students until verification of my criminal record check is complete.

_____

Insurance Expiration Date:

Volunteer's Name:

Volunteer's Signature: _____

Date:

** For Office Use Only**

Volunteer is approved to participate in activities with Highland Secondary School. Yes: ☐ No: ☐

Volunteer is approved to drive students with Highland Secondary School. Yes: ☐ No: ☐

Principal's Signature: _____ Date:

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VOLUNTEER DRIVER APPLICATION
Form 260-02

DRIVER'S INFORMATION	SCHOOL:

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 NAME:	PHONE NUMBER:	EMAIL:
DRIVER'S LICENSE NO.:	CLASS:	EXPIRY DATE: (yyyy/mm/dd)

Has your driver's license been suspended in the last three years? ☐ Yes ☐ 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? ☐ Yes ☐ No

If Yes, please identify the offence(s) here:

_____

_____

_____

Were you found responsible/partly responsible for any motor vehicle accident(s) over the last three years? ☒ Yes ☐ No

INSURANCE RELATED CONSIDERATIONS

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

VEHICLE INFORMATION

MAKE:	MODEL:	LICENSE PLATE NO.:	SEAT CAPACITY: (including driver)
OWNER'S NAME:			
OWNER'S ADDRESS:			
CELL PHONE NO.:	SECONDARY PHONE NO.:		

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.

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VOLUNTEER DRIVER APPLICATION
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REQUIRED ADDITIONAL DOCUMENTATION			
Parent / Guardian: please include these items in this process.	YES	NO	If NO, provide a reason.
Submitted ICBC Drivers Abstract?	☐	☐	
Submitted Criminal Record Check?	☐	☐	
Submitted Copy of Driver's License?	☐	☐	
Submitted Copy of Vehicle Insurance?	☐	☐	

COMMITMENTS

By submitting this application to become a volunteer driver for the board:

1. I undertake to ensure that the vehicle used to transport participants is in safe operating condition and appropriately equipped for the season/conditions.
2. I commit to having standard insurance coverage with I.C.B.C. and at least $1,000,000.00 in third party liability insurance in accordance with District Administrative Procedure 491 (AP 491) on any vehicle used to transport students to or from a school function.
3. I agree:
   a. to operate the automobile referred to herein in a safe manner
   b. to abide by all applicable laws at all times while I am transporting participants
   c. to limit the number of passengers to the number of useable seat belts
   d. to require proper use of occupant restraint systems (i.e., seatbelts, head restraints, airbags, seat position), and
   e. to comply with the directions of leaders or agents of the organization board.
4. I undertake to report to the board or designate all accidents and any suspension of my license or change in my insurance status that may occur after the date of this authorization while it remains in force.
5. I undertake to maintain, at all times, appropriate personal liability and indemnity insurance.
6. I certify this vehicle will be equipped with the appropriate **booster seats**, in compliance with ICBC standards, and completely understand that any **child under 12 years of age** may not ride in a front passenger seat.
7. For **winter highway / mountain / summit travel**, I certify that the vehicle I will be driving is **equipped with chains and winter tires** in compliance with BC Government Winter Driving requirements.
8. 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:		Date (yyyy/mm/dd):
Signature of Vehicle Owner:		Date (yyyy/mm/dd):
If driver is under 18 years of age: Parent/Guardian Name:	Parent/Guardian Signature:	Date (yyyy/mm/dd):

FOR OFFICE USE ONLY	
The above-named driver is authorized to assist the district during the current program year and has submitted all required documentation.	Date (yyyy/mm/dd):
Name of Approval Administrator:	Signature:

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