



## VOLUNTEER DRIVER APPLICATION

FORM 260-02

<i>Driver's Name</i>		<i>Phone Number</i>	<i>Email</i>
<i>Address</i>			
Applications may be approved only when the driver possesses a valid, appropriate driver's license and is able to respond <i>No</i> to questions concerning convictions and suspensions over the last three years.			
<i>Driver's License Number</i>	<i>Class</i>	<i>Expiry Date (yyyy/mm/dd)</i>	
Has your driver's license been suspended in the last three 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 <i>Highway Traffic Act</i> , or for any motor vehicle-related offence under the <i>Criminal Code of Canada</i> during the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please identify the offence(s) here:			
Were you found responsible/party responsible for any motor vehicle accident(s) over the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> 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 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			
Make	Model	License Plate No.	Seating Capacity (including driver)
Owner's Name			
Owner's Address			
Day Phone No.	Evening Phone No.	Cell	
Insurance Company		Insurance Policy No	

### 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 at least \$1,000,000.00 in third party liability insurance in accordance to the board policy 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 **boosters seats** and completely understand that any **child under 12 years** of age may **not** ride in a front passenger seat.
7. For trips to **Mount Washington**, I certify that the vehicle I will be driving has chains that can be used if necessary.
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)
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Signature of Vehicle Owner:	Date (yyyy/mm/dd)
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Parent/Guardian (if driver is under 18 years of age)	Date (yyyy/mm/dd)
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### FOR OFFICE USE ONLY

The above-named driver is authorized to assist the district during the current program year.

Name of Approval Administrator	Signature
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Date (yyyy/mm/dd)

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.



## Volunteer Driver Checklist

	Yes	No	If No – provide a reason
Submitted ICBC Drivers Abstract			
Submitted Criminal Record Check <i>***only required for overnight trips</i>			
Submitted Copy of Drivers License			
Submitted Copy of Vehicle Insurance			
Have all required booster seats for children under the age of 12.			
If traveling to Mount Washington – equipped with winter tires and required chains.			
Have a copy of student’s names traveling in vehicle			
Shared cell phone numbers with teacher			