

Policy 807 Volunteer Automobile Driver Authorization Form

Depending on the facts of individual cases there may be insurance coverage available under Board of Education insurance policies. Volunteers are strongly encouraged to ensure that a package policy with coverage of at least \$2,000,000 be placed on any car being used by the Volunteer to drive for school purposes.

In order to provide clarity for the principal regarding who is acceptable as a volunteer driver, it is proposed that salient information be collected at the outset of a school year so that a bank of volunteer drivers' names could be maintained in the school office. That information is shown below.

SC	SHOOL NAME: SCHOOL YEAR:			
DF	RIVER INFORMATION			
	FAMILY NAME:			
	ADDRESS:			
	TELEPHONE:			
	DRIVER # 1 NAME:			
	DRIVER'S LICENSE NUMBER:CLASS: EXPIRY DATE:			
i.	Has your driver's license been suspended in the last three years? Yes \square No \square (*Please see note below.)			
ii.	If yes, please provide date of reinstatement:			
iii.	Have you been involved in any accidents as a driver during the last three years? Yes \square No \square If yes, please give details:			
iv.	Have you been convicted of an offense under the Highway Traffic Act, the Motor Vehicle Administration Act, or for any motor vehicle related offense under the Criminal Code during the last three years? Yes □ No □			
	If yes, please provide particulars:			

	DRIVER #2 NAME:				
	DRIVER'S LICENSE NUMBER:	CLASS:	EXPIR	RY DATE:	
i.	Has your driver's license been suspended in the last three years? Yes □ No □ (*Please see note below.)				
ii.	If yes, please provide date of reinstat	ement:			
iii. Have you been involved in any accidents as a driver during the last three y If yes, please give details:				ars? Yes □ No □	
iv.	Have you been convicted of an offense under the Highway Traffic Act, the Motor Vehicle Administration Act, or for any motor vehicle related offense under the Criminal Code during the last three years? Yes □ No □				
	If yes, please provide particulars:				
C. VE	HICLE:		/ 	/	
Pla	ate #:	Plate Expiry:		-	
Se	econd Vehicle (if any):	 	_ / Model	/ Capacity	
	ate #:	Plate Expiry:			
Ve	hicle Owner's Name:	Telephone:			
	hicle Owner's Address:	Postal Code:			
	surance on Vehicle (package policy):				
Co	ompany:	Policy:			
Αç	ent:	Liability Limit: \$			

D. COMMITMENTS:

I agree to abide by the requirements of the Highway Traffic Act and the applicable Traffic Bylaws while acting as a volunteer driver for school functions. I undertake to report to the school principal all incidents and any suspension of my license or change in my insurance status which may occur after the date of this authorization while it remains in force (i.e. current school year).

I agree to operate the automobile referred to herein in a safe manner, to drive in accordance with the Highway Traffic Act, to limit the number of passengers to the number of seat belts which are usable.

I agree to comply with the directions of teachers or agents of the Board of Education with regard to travel arrangements for students.

I accept the foregoing undertakings and certify that the information contained in this application is accurate to the best of my knowledge:

accurate	to the best of my knowledge.		
Signature	of Driver #1:	Date: Date:	
Signature	of Driver #2:		
Signature	of Vehicle Owner:		
Signature	Parent/Guardian (if driver is under 18 years of age):		
		Date:	
(Applications will be reviewed and may be rejected when drive concerning infractions, convictions and suspension. Factors of Procedures, Section c(i), will be considered, including the nate frequency of incidents.	listed in Administrative Policy No. 807 –	
FOR OFFI	CE USE ONLY:		
	named Driver #1 is authorized to drive for the school desappreciated.	luring the current school year.	
Signature	of Principal (or Vice Principal):	Date:	
	named Driver #2 is authorized to drive for the school desappreciated.	luring the current school year.	
Signature	of Principal (or Vice Principal):	Date:	