School			

ADULT

VOLUNTEER DRIVER INFORMATION AND AUTHORIZATION								
Name			П	Parent □ Teacher □ Othe	or			
Surname	(Given		raient 🗖 reacher 🗖 Out				
If you checked "Par	rent", name of your son/da	ughter						
Address			Postal Code	2				
Driver's Licence No		Class (002 or better)						
DRIVING HISTO List driving restrict	RY: ions							
List any Motor Vehicle Act offenses for which you have been convicted within the last five years.								
DRIVER'S DECLARATION								
IDENTIFICA		VEHICLE#1		VEHICLE #3				
	g a vehicle(s) owned by me permission to drive this purpose.	□Yes	□ Yes	□Yes				
and is insured	ence number is for a MINIMUM of rd Party Legal Liability.	□Yes	□ Yes	□Yes				
This vehicle has seatbelts for str	us (indicate #) of operating udents.	#	#	#				
 □ 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 authorize the school administrator, on behalf of the District, to obtain a copy of my driver's abstract, if required, from the Motor Vehicles Branch. □ 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). □ If I am not a parent/guardian, a family member or a student of the school district, I must submit a criminal record check and driver's abstract to the principal. 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 Sign	nature I	Date	Ph	one #				
		OFFICE USE ON	<u>JLY</u>					
Signature	(School Official receiving fo	orm)	Da	ite				
PRINCIPAL'S D	ECLARATION s information and the attac	hed documentation	. In accordance wi	ith Regulation 1241 and m	v			

 \square Authorize ☐ Do not authorize this applicant review, I: Principal's Signature Date