

## **Volunteer Driver Application Form**

Name (Please Print):  Address (Please Print):							
				Phone Number: Vehicle Make and Model:		Alternate Number:	Email Address (Optional):  License Plate Number:
I, be	eing the driver named above	e, acknowledge and agre	e with the information below:				
	I am 25 years of age or o	lder.					
	I have a valid driver's license.						
	To the best of my knowled working order and in comenacted pursuant to the H	pliance with Licensing an	d mechanical condition, in safe d Equipment Regulations				
	My vehicle is equipped with 1 – April 30)	ith snow tires during the v	vinter driving season (November				
	I have not incurred any serious traffic offences in the past five years.						
	I have a minimum of \$1,000,000 liability coverage on my vehicle. (Note: \$1,000,000 public liability is required but \$2,000,000 is recommended).						
	I have contacted my insurance company to confirm that the transportation of students does not violate my insurance policy.						
	I have submitted a <u>Criminal Record Check</u> or a <u>Criminal Offence Declaration</u> to the school.						
		•	in my vehicle does not exceed secured with a seatbelt during				
	I will inform the school of any change to the above.						
	I will immediately notify the school principal of any accident arising out of the use of the above vehicle to transport students.						
Sign	nafuro	<del></del>	 Date				
Signature			Date				