

Information collected on this form is governed by the FOIP Act (Section 33(c)

AP 362-F VOLUNTEER DRIVER AUTHORIZATION FORM

(for one year only)

SCHOOL:	NAME	:		
ADDRESS:				
DATE OF BIRTH:				
DRIVER'S LICENCE	NO	CLASS:	EXPIRY DATE:	
Have you been invol	ved in any accident as a driver durir	ng the last three years?	Yes No:	
lf yes, please	specify:			
Has your Driver's Lic	cense been suspended or have you	been convicted of any o	ffence under the Highway Traffic Act during	the last 3 years:
Yes	No:			
lf yes, pleas	se specify:			
Insurance: Company	y:	Policy M	No:	
Agent:				
* Third Party Liabilit (See notice below)	y Limit of not less than \$2,000,000	Yes:	No:	
	ne automobile referred to herein in a sion. Furthermore, I believe my vehi		mply with the directions of teachers or agen ting condition.	ts of the Canadian
	s equipped with a Canadian Standa be a passenger in my vehicle with re		ed child seating assembly or seat belt ass Je, weight, and height.	embly suitable for
My private vehicle i passenger in my veh Yes No	icle.	lards Association appro	oved seat belt assembly suitable for each <u>a</u>	ı <u>dult </u> who will be a
Vehicle:		Second Vehicle (if a	ppropriate)	
Ν	lake and Year		Make and Year	
Model	Capacity	Model	Capacity	

I, ________have read the CRPS Administrative Procedures 362 and 260 (18, 19, 20 & 21), and I hereby agree to abide by them. I further confirm that the information contained in this form and any attachments hereto, is truthful in all respects and that I have not in any way misrepresented or failed to provide any information reasonably pertinent to the Division's decision regarding the transportation of students, staff and/or volunteers in my private vehicle.

I agree to drive in a safe manner and to abide by the requirements of the Traffic Safety Act and the applicable traffic bylaws while acting as a volunteer driver for the Division. I undertake to report to the school principal all incidents and suspensions of my driver's license or charges or convictions under the Criminal Code of Canada which may occur after the date of this authorization while it remains in force.

Signature of Volunteer Driver :		Date:
FOR OFFICE USE ONLY: Security Clearance Received	Date:	
The above named volunteer is authorized	to assist our school during the current school yea	r. We appreciate this help and cooperation.

Signature of Principal (or Vice Principal) :_____ Date:_____

The Volunteer is reminded that: In all cases prior to the event the individual must provide to the school Principal a current copy of a driver's abstract.

Date Received:

All benefits available under the Board's Pupil Accident Insurance Plan automatically apply to students transported in private vehicles. Liability insurance protection for individual drivers for their legal liability for bodily injury to pupil passengers in excess of such protection as may be afforded under the driver's own automobile liability is provided by the Board while they are driving pupils in their own automobiles on an authorized school activity or function.

* Notice re: Insurance Coverage – Volunteer Drivers

* You must inform your Insurance Company of your intention to use your own automobile and to act as a Volunteer Driver for School Division activities and confirm that you have \$2,000,000 third party liability.

**The majority of insurance companies do not require an endorsement to auto policies or an additional premium charge as this service is classified as occasional and is not done for compensation. However, it is your responsibility to confirm this information with your Insurance Company.

***All personal information is collected under the authority of section 33(c) of the FOIP Act. It will be used in the administration of student transportation policies, including eligibility to transport students in private vehicles. It is protected by the privacy provisions of the FOIP Act. If you have any questions about the collection, please contact your school principal.

Amended March 2021