

Lethbridge School District No. 51 Volunteer Driver Authorization

Form 700.3.3

приц 2012	Volunteer Driver Authorization
SCHOOL NAME:	SCHOOL YEAR:
DRIVER'S NAME:	PHONE NUMBER:
DRIVER'S ADDRESS:	
Applications shall be approved only when the	e driver possesses a valid, appropriate driver's license. The principal may authorize the use aformation provided below indicates that the driver has a sufficiently safe driving record.
DRIVER'S LICENSE NUMBER:	CLASS:EXPIRY DATE: Day / month / year
Has your driver's license been suspended in the If Yes, please provide date of reinstatement:	e last three years? Yes No
	the Highway Traffic Act, the Motor Vehicle Administration Act, or for any motor vehicle-related uring the last three years? Yes No If Yes, please identify the offence(s) here:
Have you been involved in any accidents durin	ng the last three years? Yes No If Yes, please give details:
or injury or death of any students who are In case of an insurance claim (i.e., third parabefore that of the school Board. Additional automobile liability insurance policy for authorized drivers transporting is only for an amount in excess of the limit Damage to any vehicle, including the own the owner of the vehicle is expected to induriver for Board activities, and to enquire	remaintain, at all times, insurance in an amount of not less than \$1,000,000 in respect of liability passengers in the vehicle the volunteer driver is operating. arty damage and/or personal injury) the vehicle owner's automobile liability insurance applies protection is provided under the school Board's comprehensive general liability insurance students in privately-owned vehicles on an approved school activity or function. This insurance it of liability provided by the vehicle owner's liability insurance policy. There's, is the responsibility of the volunteer driver and not the Board. Form his/her insurance agent of the intention to use the vehicle and to act as a volunteer whether a passenger endorsement is required to do this. As this driving is classified as not require that a passenger endorsement be added to the policy or that additional premiums
	OWNERNONANE
WEHICLE: Make / Model	OWNER'S NAME: / Capacity (including driver)
	OWNER'S PHONE:
	OWNER S PHONE POLICY No.:
(OR COPY OF PINK SLIP ATTACHED)	
INSURANCE AGENT:	LIABILITY LIMIT: \$
	pplication to become a volunteer driver for the Lethbridge School District No. 51:
	e used to transport students is in safe operating condition.
transporting students, to limit the nur seats as required, and to follow Trans	erred to herein in a safe manner, to abide by all applicable laws at all times while I am mber of passengers to the number of seat belts which are useable, to use appropriate child safety sport Canada guidelines that recommend that children under the age of 12 should be seated in the oking while a student is in the vehicle and to comply with the directions of teachers or agents of 1.
may occur after the date of this author	incipal all accidents and any suspension of my license or change in my insurance status which orization while it remains in force (i.e., this school year). All student transportation will adhere to e School District No. 51 Transportation and Safety Maintenance Program.
	by that I have applied to serve as a volunteer driver and enquired whether a passenger are to maintain, at all times, personal liability and indemnity insurance equal to or greater than the
I am aware that my name may be ma	nde available to parents of the students who I am driving.
<u> </u>	ct No. 51 to conduct a random driver's abstract check at their expense.
	that the information contained in this application is correct to the best of my knowledge:
	Vehicle Owner:
Parent/Guardian (if driver is under 18 ye	ears of age):
FOR OFFICE USE ONLY The above-named driver is authorized to assist	the school during the current school year. The assistance is appreciated.
Signature of Principal/Designate:	Date: