

## Volunteer Driver Form

SCHOOL \_\_\_\_\_ ADDRESS \_\_\_\_\_

The following information will be collected to determine your suitability and qualifications as a volunteer driver. This information is protected and will be used in accordance with the *Freedom of Information and Protection of Privacy Act*.

Driver's licence number \_\_\_\_\_ Licence class \_\_\_\_\_ Expiry date \_\_\_\_\_

Type of vehicle used \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

1. Has your driver's license been suspended, or have you been convicted of a traffic offence?  
**Highway Traffic Act** in the last three years?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please specify \_\_\_\_\_

2. Your insurance company :

Company \_\_\_\_\_

Policy number \_\_\_\_\_ Expiry date \_\_\_\_\_ Agent \_\_\_\_\_

Liability insurance (property damage and bodily injury) \_\_\_\_\_

(Minimum is \$2 million) \_\_\_\_\_ \$

3. I confirm that as a volunteer driver, I am qualified to drive in the required category at all times.

The above information is accurate.

\_\_\_\_\_  
Signature of volunteer driver

\_\_\_\_\_  
Signature of parent

Date \_\_\_\_\_

Date \_\_\_\_\_

**N.B. Principals must obtain driving records and proof of insurance (pink cards) for all staff and volunteer drivers before allowing the driver to transport students.**

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**FOR OFFICE USE ONLY :**

\_\_\_\_\_

(name) (address)

is authorized to act as a volunteer driver for the period \_\_\_\_\_

for the \_\_\_\_\_ purpose of (type of assignment)

Signature of Principal or designate \_\_\_\_\_

Date \_\_\_\_\_

Revised August 2021