

VOLUNTEER AUTOMOBILE DRIVER AUTHORIZATION

School: <u>DW Poppy Secondary</u>

Dear Volunteer Driver:

Thank you for volunteering to drive students. Your assistance is much appreciated. The responsibilities in regards to transportation of students can be found in Extracurricular Trips. To protect our children and you as a driver, we ask that you complete the following. You will need to provide the school a copy of your driver's license, driver's abstract (https://onlinebusiness.icbc.com/clio/) and your current Autoplan Insurance Policy (https://www.icbc.com/insurance/buy-renew-cancel/print-insurance-documents), the policy must include a minimum

\$2 million liability insurance. . Address: Driver's License Number: Class: Expiry: Years of Infraction-free Driving Experience: Vehicle Make:_____ Model:____ Year: Vehicle License Number: _____ Seating Capacity:_____ I hereby affirm that I have never been convicted of impaired driving or any other criminal driving offense. If I have a serious traffic violation after providing my driver's abstract, I will inform the school principal and withdraw as a volunteer driver. I acknowledge the requirement that all vehicle occupants must use seat belts. I affirm that I will operate the vehicle in a safe and legal manner. Date Signature of Driver Parent Permission for Student Driver: I, the undersigned parent or legal guardian of the student listed below, request that my son/daughter be allowed to drive themselves to games during the upcoming athletic season and if required under extenuating circumstances to be allowed to drive up to one other student. This restriction does not apply to immediate family members. Student Driver Name Signature of Parent/Legal Guardian School Administration Approval: Copy of Driver's Abstract -☐ Copy of Driver's License Copy of Insurance Coverage https://onlinebusiness.icbc.com/clio/ Please provide both pages of (Confirm no recent serious traffic violations) insurance. (Confirm min \$2M Liability Ins.) https://www.icbc.com/insurance/buy -renew-cancel/print-insurancedocuments Signature of Principal Date