



VOLUNTEER AUTOMOBILE DRIVER AUTHORIZATION (ELEMENTARY/MIDDLE)

School: _____

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 [Administrative Procedure 562 Transportation of Students Travel for Field Trips and 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 and your current Autoplan Insurance Policy, the policy must include a minimum \$2 million liability insurance.

Name: _____

Address: _____

Driver's License Number: _____ Class: _____ Expiry: _____

Years of Infraction-free Driving Experience: _____

Vehicle Make: _____ Model: _____ Year: _____

Vehicle License Number: _____

Seating Capacity: _____ Booster Seat Capacity: # of no-back _____ # of high back _____

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 and where applicable, booster seats. I affirm that I will operate the vehicle in a safe and legal manner, and I will be responsible for the proper installation of booster seats that are supplied by parents or the school in my vehicle, if they are required. I will not allow any child under the age of 12 to sit in the front seat of the vehicle if it is equipped with a passenger side airbag unless the airbag can be legally deactivated.

Date

Signature of Driver

School Administration Approval:

☐ Copy of Driver's License

☐ Copy of Driver's Abstract
(Confirm no recent serious traffic violations)

☐ Copy of Insurance Coverage
(Confirm min \$2M Liability Ins.)

Signature of Principal

Date