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: _____ EMAIL: _____

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