VOLUNTEER AUTOMOBILE DRIVER AUTHORIZATION (SECONDARY)

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: _____

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 above name student, request that my son/daughter be allowed to drive **one** other student to the following specific event. This restriction does not apply to immediate family members (brother, sister, and including step and foster relationships).

_____ _____

Event Date

_____ _____

Location Supervisor

_____ _____

Signature of Parent/Legal Guardian Phone Number

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