

AP 2303 APPENDIX B: VOLUNTEER AUTOMOBILE DRIVER AUTHORIZATION AND APPROVAL FOR USE OF PRIVATE VEHICLE

School: _____

Thank you for volunteering to drive students. Your offer and assistance are much appreciated. To protect students and you as a driver, we ask that you complete the following. We will also need to photocopy your driver's license, current Autoplan Insurance Policy with a minimum \$3 million liability coverage, and driver's abstract.

Name: _____ Address: _____

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

Volunteer form AP 2302 Appendix A must be completed and is on file: ☐ Yes

Vehicle Make: _____ Model: _____ Year: _____ Vehicle license number: _____

Seating capacity: _____ As applicable for primary students - Booster Seat capacity: no-back _____ high back _____

☐ Visual Vehicle Inspection completed

I hereby affirm that I have never been convicted of impaired driving or any other criminal driving offense and acknowledge the requirement that all vehicle occupants must use seat belts and booster seats as required. 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. I agree not to use a cell phone while driving nor allow smoking or consuming alcoholic beverages in the vehicle while transporting students. I confirm the vehicle will be maintained in safe operating condition and will be equipped with tires appropriate for winter driving conditions. I acknowledge that School District No. 8 (Kootenay Lake) does not accept any responsibility for any damage to the vehicle in the event of an accident, not for deductible, loss of insurance, or loss of use.

Signature of Driver

Date

Authorization is hereby granted to transport students to and from the school activity listed below:

School Activity _____ Date: _____ Time: _____

Destination: _____

Name of Passengers	Medical (Note any special medical concerns/requirements)	Phone number (Required in case of emergency)

Board Policy and Motor Vehicle require:

☐ Copy of Vehicle Registration, ☐ Copy of Vehicle Insurance, ☐ Drivers' Abstract, ☐ Drivers' Criminal Records Check

Principals must:

☐ Provide 72 Hour Notice of Variances as per the CUPE Collective Agreement
☐ Report all trips using Private or Commercial Vehicles Monthly.

Principal's Approval:

Signature of Principal

Date