

Christ the Teacher Catholic Schools

VOLUNTEER AUTOMOTIVE DRIVER APPLICATION FORM

Administrative Procedure 492 (For Current School Year Only)

Depending on the facts of individual cases there may be insurance coverage available under Board of Education insurance policies. Volunteers are strongly encouraged to ensure that a package policy with coverage of at least \$2,000,000 be placed on any car being used by the Volunteer to drive for school purposes.

In order to provide clarity for the principal regarding who is acceptable as a volunteer driver, it is proposed that the salient information be collected at the outset of a school year so that a bank of volunteer drivers' names could be maintained in the school office. That information is shown below.

	School Name: Year: 20 20			
	Driver Name:			
	Driver Address:			
	Telephone: (Home): (Cell): (Work):			
]	Driver's License Number: Class: Expiry Date:			
]	Do you have a valid driver's license? Yes \Boxedom No \Boxedom			
]	Has your driver's license been suspended in the last three years? Yes \(\square \) No \(\square \)			
]	If yes, please provide date(s) of reinstatement			
]	Have you been involved in any accidents as a driver during the last three years? Yes \Boxedon No \Boxedon			
]	If yes, please give details:			
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Have you been convicted of an offence under the Highway Traffic Act, the Motor Vehicle Administration any motor vehicle related offence under the Criminal Code during the last three years? Yes No				
]	If yes, please provide particulars:			
]	If yes, please provide particulars:			

Vehicle 1: Make Model C	Plate #	Plate Expiry:		
	Vehicle Owner's Name (if different from Applicant): Telephone:			
		Postal Code:		
Insurance on Vehicle (package policy):				
		ability Limit: \$		
Vehicle 2: (If alternate) Make Model C				
		Telephone:		
		Postal Code:		
Insurance on Vehicle (package policy): Company: Policy:				
as a volunteer driver for school functions. I undertake to report to the school principal all incidents and any suspension of my license of change in my insurance status which may occur after the date of this authorization while it remains in force (i.e.: current school year). I/we agree to operate the automobile referred to herein in a safe manner, to drive in accordance with the Highway Traffic Act, to limit the number of passengers to the number of seat belts which are usable and to comply with the directions of teachers or agents of the Board of Education with regard to travel arrangements for students. I/we accept the foregoing undertakings and certify that the information contained in this application is accurate to the				
best of my knowledge:	certify that the information	contained in this application is accurate to the		
Signature of Driver:		Date:		
Signature of Vehicle Owner:(If different from above)		Date:		
Current Criminal Record Check Provided: Yes No				
 Applications can be approved only when the driver possesses a valid driver's license and is able to respond "no" to the questions concerning convictions and suspensions. It is recommended that teachers or parents authorized to use their vehicle by the principal have third party liability insurance of at least two million dollars. Reference is made to this form in the Christ the Teacher Catholic School Division No. 212 Administrative Procedure No. 492 – Volunteer Drivers. An original, current (within one year) criminal records check is required with an initial application. Applicants should inform the police the criminal record check is for volunteer purposes. An original receipt from the police is required for reimbursement from the school. 				
FOR OFFICE USE ONLY: The above named driver is authorized to drive is Signature of Principal (or Vice Principal):				