

Volunteer Driver Authorization Form

School: Burnaby Mountain Secondary School

Surname: _____

First Name: _____

Mr. Ms.
☐ Mrs. ☐ Miss

Address: _____

Home Phone #: _____

Work Phone #: _____

Cell #: _____

E-mail Address: _____

Vehicle: _____ Year: _____ Make: _____ License #: _____

Registered Owner (if different than above): _____

Amount of Insurance Liability (minimum \$1 million)*: _____ Number of Seatbelts: _____

* Under the Ministry of Education's self insurance program, district employees and volunteer drivers have supplemental liability coverage while on school-approved activities.

In accordance with Burnaby School Board Policy #3.05 (*Transportation of Students*), it is the responsibility of the driver to ensure the following:

- A) All passengers must wear seat belts as required by the B.C. Motor Vehicle Act.
- B) No elementary school-aged child is permitted to sit in the front passenger seat of a vehicle equipped with an air bag.
- C) The vehicle must be in safe operating condition.
- D) The vehicle must be operated in a safe, legal manner, and operated consistently with any driver, license or insurance restrictions.
- E) There will be no smoking in the vehicle.
- F) The driver, if newly-licensed, must conform with any applicable restrictions.

To the best of my knowledge, the vehicle identified above is in safe, roadworthy condition and my driver's license is in good standing. I have read and accept the above conditions regarding driving students. I also accept responsibility for notifying the school of any changes in the above information.

Driver's Signature: _____ Date: _____

Driver's License #: _____

Parent / Guardian Signature (if driver is under the age of 19): _____

I hereby give permission for the above-named driver to use my vehicle for the purpose of transporting students to and from school-approved activities.

Registered Owner's Signature: _____ Date: _____

I hereby attest, to the best of my knowledge, that the above information is accurate, and that the driver understands and accepts the conditions outlined.

Principal's Signature: _____ Date: _____

Valid From _____ To _____