

VOLUNTEER DRIVER FORM

Please complete the following steps, sign and date, and then hand in to the school office.

PARENT SURNAME: _____

1. I will be driving students from the Phil & Jennie Gaglardi Academy for activities on various dates.
2. I have provided the school with the following:
 - Driver's Abstract: Call 1-800-950-1498 for your complete driving record to be faxed to the school. (The school fax is 250-339-1215.)
 - *Consent to Criminal Record Check for Volunteers* (BC Ministry of Justice)
 - A copy of my driver's license
 - A copy of my vehicle insurance papers showing at least \$5,000,000 in third party liability insurance.
3. To the best of my knowledge, the vehicle I will drive is in sound mechanical condition and is safe for transporting students.
4. I will ensure that each passenger will wear a seatbelt and that the seatbelt will be in good working order.
5. For trips to Mount Washington Alpine Resort, I certify that the vehicle I will drive has chains that can be used if necessary.

DRIVER'S NAME: _____

DRIVER'S SIGNATURE: _____

DATE: _____

OFFICE MANAGER'S SIGNATURE: _____

DATE: _____