

VOLUNTEER DRIVER DECLARATION AND AUTHORIZATION (552-1)

The personal information requested on this form is being collected pursuant to the *Freedom of Information and Protection of Privacy Act*, Section 32(c). The information will be used to make a determination regarding the authorization of volunteer drivers.

School name: _____ School Year: _____

Declaration of Volunteer Driver

I acknowledge that if according to my most current driver's abstract I have six demerit points or more, I cannot become a volunteer driver. A copy of my insurance and passenger endorsement rider must be attached in order to receive approval.

I understand that in case of an insurance claim (i.e., third party damage and/or personal injury) my personal automobile liability insurance applies before the School Division's insurance as described below.

Additional automobile liability insurance protection is provided under the School Division's comprehensive general liability insurance policy for authorized volunteer drivers transporting students in privately-owned vehicles on an approved school activity or function. This insurance is only for an amount in excess of the limit of liability provided by the vehicle owner's liability insurance policy.

Damage to any vehicle, including the owner's, is the responsibility of the volunteer driver.

I declare:

- That I possess a valid Alberta Driver's license.
- That I have advised my insurance company of my volunteer driving and I agree to provide a copy of my letter to the insurers notifying them of this, which will be attached to this document.
- I have a minimum of five years driving experience.
- That to the best of my knowledge the vehicle used to transport students is in good operating condition.
- That I will convey students to and from all and any activities as may be agreed in a safe manner.

By submitting this application to become a volunteer driver for the School Division, I agree:

- a) To abide by the requirements of all applicable laws at all times while I am engaged in volunteer driving.
- b) To process the proper class of license for the type and seating capacity of the vehicle that I will be operating.
- c) To provide to the school principal a written report of all accidents (whether or not occurring while I am volunteer driving), which will increase the number of demerit points against my license. I also agree to report to the school principal any suspensions of my license or change in my insurance status, which may occur after the date of this declaration.
- d) 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 School Division.
- e) To undertake to maintain at all times, insurance in an amount of not less than \$2,000,000 in respect of liability or injury or death of any students who are passengers in my vehicle while I am volunteer driving, and I have advised my own insurance company before undertaking to transport students.
- f) To refrain from the use of intoxicants, illegal drugs, and controlled substances that may impair my driving ability.

- g) To remain consistent with local and provincial legislation, I will refrain from operating any cellular phone while carrying/transporting students.
- h) To refrain from fueling the vehicle with students in the vehicle.
- i) To refrain from loading the vehicle beyond its legal capacity.
- j) To stay at the scene of the accident if an accident occurs. Collect insurance, driver's license and telephone information from other parties. Notify police and make report if appropriate to do so. All accidents must be reported to the school administration immediately.

I hereby declare that I have read and understand the information contained on this form.

Volunteer Driver's Name: _____

Volunteer Driver's Signature: _____

Date: _____

Authorization to Release Driver's Abstract

Driver's Name (in full): _____ Date of Birth _____

Driver's Address _____ City _____

Postal Code _____ Home Phone: _____ Business Phone: _____

Driver's License # _____ Class _____ Expiry Date _____

Volunteer Staff _____ Volunteer Parent _____

Vehicle Seating Capacity not counting the driver _____

Type of Vehicle used _____ Make _____ Model _____

Name of Company you are insured with _____

Company Policy # _____ Expiry Date _____

I, the undersigned, authorize release of my Driver's Abstract to the School Division and/or its Insurance Agents.

Volunteer Driver's Signature

Date

FOR OFFICE USE ONLY

I accept the above named individual as an authorized volunteer driver for the _____ school year for the purpose of _____

Signature of Principal/Designate: _____

Date: _____

VERIFICATION OF INSURANCE LETTER

Dear Sir or Madam:

RE: INSURANCE POLICY NO.

Please file with the Principal a certificate of insurance showing the amount of carried public liability (or a copy of insurance policy) under the above mentioned policy, and confirmation that the policy is fully in effect.

I understand that there will be no fee or charge for this service, and that I cannot cancel this policy nor have it expire without prior notice having been sent to the Division.

Please send this information to:

Yours truly,

Policy Holder