



VOLUNTEER DRIVER INFORMATION

The following information is being collected for the purpose of determining your suitability, eligibility, and qualifications as a volunteer driver. This information will be protected and used in compliance with the Freedom of Information and Protection of Privacy (FOIP) Act.

SCHOOL _____ ADDRESS: _____

Driver's License No. _____ Class _____ Expiry Date _____

Type of Vehicle Used _____ Make _____ Model _____

1. Has your driver's license been suspended, or have you been convicted of any offence under The Highway Traffic Act during the last three years?

Yes No If yes specify _____

2. Name the company you are insured with:

Company _____

Policy No. _____ Expiry Date _____

Agent _____

Third Party Liability (bodily injury and property damage) limit \$ _____
(mandatory minimum is \$2 million)

The above information is true.

Signature of Volunteer Driver Parent's Signature (if volunteer driver is a student)

Date _____

FOR OFFICE USE ONLY:

_____ of _____

is hereby authorized to act as a volunteer driver for the period _____

for the purpose of _____

(type of assignment)

Principal/Designate Signature _____

Date _____