East Central Catholic Schools

VOLUNTEER DRIVER AUTHORIZATION FORM (FOR CURRENT SCHOOL YEAR ONLY)

School Name:_____

Volunteer Name:_____

Are you over the age of 25?: (Yes or No?) _____

Address:_____

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

Have you been involved in any accident as a driver during the last three years?: (Yes or No?)_____

If yes, please specify:

_____

Has your driver's license been suspended, or have you been convicted of any offense under the Highway Traffic Act during the last three years?: (Yes or No?)_____

If yes, please specify:

_____

Has your driver's license been suspended, or have you been convicted of any offense under the Highway Traffic Act during the last three years?: (Yes or No?)_____

If yes, please specify:

_____

Insurance Company:_____

Policy No.:_____

Agent:_____

Do you have Third Party Liability Limit of $2,000,000? (see notices below): (Yes or No?)_____

Vehicle: Make_____ Model_____ Capacity_____

Second Vehicle (if applicable):

Vehicle: Make_____ Model_____ Capacity_____

All benefits available under the Board's Pupil Accident Insurance Plan automatically apply to students transported in private vehicles. Liability insurance protection for individual drivers for their legal liability for bodily injury to pupil passengers in excess of such protection as may be afforded under the driver's own automobiles on an authorized school activity or function.

INSURANCE COVERAGE REQUIREMENTS – VOLUNTEER DRIVERS

You must carry third party and passenger hazard liability insurance in an amount of not less than $2,000,000 and carry accident benefits as required by law. Should an incident occur, your personal automobile liability insurance applies before East Central Alberta Catholic School's insurance. East Central Alberta Catholic can request a copy of your certificate of insurance and recent copy of your driver's abstract at any time.

You should inform your insurance company of your intention to use your own automobile and to act as a Volunteer for School Board Activities. The majority of insurance companies do not require an endorsement to auto policies or an additional premium charge as this service is classified as occasional and is not done for compensation.

I agree to operate the vehicle referred to herein in a safe manner and to comply with all applicable driving laws and the directions of teachers or agents of The East Central Alberta Catholic Separate School Division. Furthermore, I believe my vehicle to be in a sound operating condition and will inform the school immediately if an incident occurs while transporting students. I will conduct myself in a professional manner and will not consume any alcohol or cannabis before or while operating my vehicle.

SIGNATURE OF VOLUNTEER DRIVER:_____ DATE:_____

FOR OFFICE USE ONLY

Please remind volunteers that in all cases and prior to the event, a current copy of the driver's abstract must be provided to the school principal.

Date Driver's Abstract Received:_____

The above-named volunteer is authorized to assist our school during the current school year. We appreciate this help and cooperation.

_____ _____

SIGNATURE OF PRINCIPAL DATE

Copy-Teacher **Copy-Principal**

The personal information collected through this Volunteer Driver Authorization Form is collected for the purpose of assessing and authorizing individuals to server as volunteer drivers for school activities, verifying required driver documentation, supporting student safety, and administering records related to volunteer driver approval. Volunteer personal information shall be retained and securely destroyed in accordance with the division's approved records retention and disposition schedule. This collection is authorized by section 4© of Alberta's Protection of Privacy Act and protected in accordance with Section 10 and used disclosed in accordance with Sections 12 and 13 of the Act. For questions about this collection, contact the school principal or ECACS's Privacy and Access Officer at 780-842-3992.