VOLUNTEER DRIVER REGISTRATION

_____ Elementary School

Driver Name: _____

Address: _____

_____

Telephone: Home: _____ Cell: _____

BC Drivers Licence #: _____

Driver is: ☐ Parent ☐ Staff ☐ Other (describe) _____

Vehicle Owner: ☐ Driver, or: _____

Owner Address: ☐ as above, or: _____

Vehicle BC Licence Plate Number: _____

Vehicle Make: _____ Model Year: _____

Maximum Number of Passengers, excluding driver: _____

DRIVER'S STATEMENT: I agree to:

- Keep the safety of students as the highest priority.
- Follow instructions by the Educator-in-Charge of the field study.
- Provide a safe, roadworthy vehicle licenced in British Columbia.
- Operate the vehicle in a safe manner and as required by law.
- Maintain a zero blood alcohol level while transporting students.
- Provide a non-smoking environment while transporting students.
- Refrain from using a cell phone while driving.
- Ensure students age 12 or under do not occupy front seats equipped with active air bags.
- Verify the use of passenger restraint systems/seat belts for all occupants.

My vehicle has _____ places/seats that meet the criteria for safe placement of booster seats.

Driver's Signature	Date	Staff Witness

PRINCIPAL OR DESIGNATE'S APPROVAL:

Signature	Position	Date