

ANNUAL VOLUNTEER DRIVER REGISTRATION Elementary School

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Driver Name:						
Address:						
Contact #:	Home:			Cell:		
*Please ensure the information i	n the section	be	elow is verifie	d by a sch	ool staff	
BC Driver's License #:						Staff Initials:
BC Vehicle License Plate #:						Staff Initials:
Insurance Documents:	(please show to staff for verification of license plate) Staff Initials:					
Driver is:	Parent	_	Staff C	ther:		
Vehicle Owner:	•	╡	Other:			
Vehicle Owner Address:	•	_	Other:			
Vehicle Make/Model/Year:	As Above	_	other.			
Max. # of Passengers:						(excluding the driver
<u> </u>	that meet the	cri	iteria for safe	nlacement		<u> </u>
 DRIVER'S STATEMENT: I agree Keep the safety of students Follow instructions by the E Provide a safe, roadworthy Operate the vehicle in a safe Maintain a zero blood alcoh Provide a non-smoking envi Refrain from using a cellula Ensure students age 12 or us Verify the use of passenger 	as the highest Educator-in-Covehicle license manner and lol level while ironment while ar device while ander do not on	har ed as e tra le t e tr	rge of the field in British Col required by la ansporting stu ransporting star ansporting star appy front seats	umbia; w; dents; udents; idents; equipped		ve air bags;
Driver's Signature PRINCIPAL OR DESIGNATE'S A	APPROVAL:	_			D	ate
Signature		_	Position			ate