



# 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.***

**Drivers Licence has been checked:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Registration has been checked:** Yes \_\_\_\_\_ No \_\_\_\_\_

_____	_____	_____
Driver's Signature	Date	Staff Witness

**PRINCIPAL OR DESIGNATE'S APPROVAL**

_____	_____	_____
Signature	Position	Date