

DRIVER INFORMATION

School Name: _____

Volunteer Driver's Name: _____ Phone: _____

Address: _____

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

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

Yes No

2. Name of company you are insured with

Company: _____

Policy No. _____ Agent: _____

3. Are you endorsed by your insurance company to carry passengers?

Yes No

4. Are you endorsed by your insurance company to receive compensation for transporting students or equipment?

Yes No

I agree to abide by the requirements of all provincial and other statutes and regulations governing the operation of motor vehicles and the traffic by-laws of any municipality while acting as a volunteer driver for school functions. I undertake to report to the Principal all accidents or suspension of license, which occurs after the date of this authorization, and during the period it remains in force.

Date

Signature of Volunteer Driver