



# VOLUNTEER DRIVER REGISTRATION

## Secondary School

Driver Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

BC Drivers Licence #: \_\_\_\_\_

Driver is:  Parent  Staff  Student  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.
- Verify the use of passenger restraint systems/seat belts by all occupants.
- Provide a non-smoking environment while transporting students.
- Refrain from using a cell telephone while driving.

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Witness

I AUTHORIZE MY SON/DAUGHTER, \_\_\_\_\_, TO BE A  
STUDENT VOLUNTEER DRIVER:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

PRINCIPAL OR DESIGNATE'S APPROVAL:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date