



# VOLUNTEER AUTOMOBILE DRIVER AUTHORIZATION (ELEMENTARY/MIDDLE)

School: \_\_\_\_\_

Dear Volunteer Driver:

Thank you for volunteering to drive students. Your assistance is much appreciated. The responsibilities in regards to transportation of students can be found in [Administrative Procedure 562 Transportation of Students Travel for Field Trips and Extracurricular Trips](#). To protect our children and you as a driver, we ask that you complete the following. You will need to provide the school a copy of your driver's license, [driver's abstract](#) and your current Autoplan Insurance Policy, the policy must include a minimum \$2 million liability insurance.

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

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

Driver's License Number: \_\_\_\_\_ Class: \_\_\_\_\_ Expiry: \_\_\_\_\_

Years of Infraction-free Driving Experience: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Vehicle License Number: \_\_\_\_\_

Seating Capacity: \_\_\_\_\_ Booster Seat Capacity: # of no-back \_\_\_\_\_ # of high back \_\_\_\_\_

I hereby affirm that I have never been convicted of impaired driving or any other criminal driving offense. If I have a serious traffic violation after providing my driver's abstract, I will inform the school principal and withdraw as a volunteer driver. I acknowledge the requirement that all vehicle occupants must use seat belts and where applicable, booster seats. I affirm that I will operate the vehicle in a safe and legal manner, and I will be responsible for the proper installation of booster seats that are supplied by parents or the school in my vehicle, if they are required. I will not allow any child under the age of 12 to sit in the front seat of the vehicle if it is equipped with a passenger side airbag unless the airbag can be legally deactivated.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Driver

School Administration Approval:		
<input type="checkbox"/> Copy of Driver's License	<input type="checkbox"/> Copy of Driver's Abstract (Confirm no recent serious traffic violations)	<input type="checkbox"/> Copy of Insurance Coverage (Confirm min \$2M Liability Ins.)
_____ Signature of Principal	_____ Date	