



**PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION AND ATTACH THE FOLLOWING 2 DOCUMENTS:**

- Your ICBC Drivers Abstract (Driver's Record), which can be obtained from:**  
<http://www.icbc.com/driver-licensing/getting-licensed/Pages/Your-driving-record.aspx>
- A valid (< 3 years old) Criminal Records Check for Volunteers (vulnerable sector) from the RCMP or a church/charitable organization.**

Driver's Name: _____	Phone Number: _____
Address: _____	E-mail: _____

**NOTE: APPLICATIONS MAY BE APPROVED ONLY WHEN THE DRIVER POSSESSES A VALID, APPROPRIATE DRIVER'S LICENSE AND IS ABLE TO RESPOND *NO* TO THESE THREE QUESTIONS CONCERNING CONVICTIONS AND SUSPENSIONS OVER THE LAST THREE YEARS.**

Driver's License Number: _____	Class: _____	Expiry Date: _____
1. Has your driver's license been suspended in the last three years? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>		
If Yes, please provide date of reinstatement: _____		
2. Have you been convicted of an offence under the Highway Traffic Act, or for any motor vehicle-related offence under the Criminal Code of Canada during the last three years? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>		
If Yes, please identify the offence(s) here: _____		
3. Were you found responsible/partly responsible for any motor vehicle accident(s) over the last three years? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>		

**Insurance Related Considerations:**

- WRCA requires that the vehicle owner maintain, at all times, valid automobile **Third Party Liability Insurance** as required under BC legislation in respect of liability for injury or death of any students who are passengers in the vehicle the volunteer driver is operating.
- In case of an insurance claim (i.e., third party damage and/or personal injury) the vehicle owner's automobile liability insurance applies **before** that of WRCA.
- Additional automobile liability insurance protection is provided under WRCA's comprehensive general liability insurance policy for authorized drivers transporting students in privately-owned vehicles on an approved school activity. This insurance is **only** for an amount in excess of the limit of liability provided by the vehicle owner's liability insurance policy.
- Damage to any vehicle, including the owner's, is the responsibility of the volunteer driver and not WRCA.

<b>Vehicle 1:</b> _____ / _____ / _____ Make / Model / License Plate No. / Seating Capacity (Including Driver)
<b>Insurance On Vehicle 1 -</b> Company: _____ Policy No.: _____ <b>Owner's Name:</b> _____ Owner's Address: _____ Owner's Phone: (H) _____ (W) _____ (C) _____
<b>Vehicle 2:</b> _____ / _____ / _____ Make / Model / License Plate No. / Seating Capacity (Including Driver)
<b>Insurance On Vehicle 2 -</b> Company: _____ Policy No.: _____ <b>Please fill out the following information if it is different from Vehicle 1:</b> Owner's Name: _____ Owner's Address: _____ Owner's Phone: (H) _____ (W) _____ (C) _____
<b>Vehicle 3:</b> _____ / _____ / _____ Make / Model / License Plate No. / Seating Capacity (Including Driver)
<b>Insurance On Vehicle 3 -</b> Company: _____ Policy No.: _____ <b>Please fill out the following information if it is different from Vehicle 1:</b> Owner's Name: _____ Owner's Address: _____ Owner's Phone: (H) _____ (W) _____ (C) _____



**COMMITMENTS**

By submitting this application to become a volunteer driver for WRCA:

1. I undertake to ensure that the vehicle used to transport students is in safe operating condition.
2. I agree
  - a) to operate the automobile referred to herein in a safe manner
  - b) to abide by all applicable laws at all times while I am transporting students
  - c) to limit the number of passengers to the number of useable seat belts
  - d) to require proper use of occupant restraint systems (i.e., seatbelts, head restraints, airbags, seat position), and
  - e) to comply with the directions of teachers or agents of WRCA.
3. I undertake to report to the school principal all accidents and any suspension of my license or change in my insurance status which may occur after the date of this authorization while it remains in force.
4. I undertake to maintain, at all times, appropriate personal liability and indemnity insurance.
5. I accept the foregoing undertakings and certify that the information contained in this application is correct to the best of my knowledge:

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

Signature of Vehicle Owner: \_\_\_\_\_

Parent/Guardian (if driver is under 18 years of age): \_\_\_\_\_

**FOR OFFICE USE ONLY**

The above-named driver is authorized to assist the school during the current school year. The assistance is appreciated.

Signature of Principal/Designate: \_\_\_\_\_ Date: \_\_\_\_\_

Personal information contained on this form is collected under the authority of the School Act, for the purpose of participating in school trips. If you have any questions about this form, please contact your school administrator.