Westmount Charter School
Volunteer Driver Application and Declaration 2011-2012

STUDENT NAME(S): _____

I wish to be designated as a volunteer driver for Westmount Charter School. As a designated driver, I know and understand that my insurance is primary and that liability protection for volunteer drivers, beyond that provided by my insurance company, is provided by Westmount Charter Board while I am transporting students on a school sponsored activity or function in my own vehicle.
In addition, I meet the following conditions and terms of Administrative Procedure AP-560 to qualify as a designated driver:

1. I am at least 21 years of age.

2. I hold a valid class 5 Alberta Driver's Licence (minimum) and have a safe driving record with less than six demerit points.

3. I carry a minimum of $2,000,000 public liability and property damage coverage and ***have attached a copy of my insurance certificate to this application.***

4. I have informed my insurance company of my intention to act as a volunteer driver. (This is a requirement of the Charter Board's insurer.)

5. My vehicle is well maintained and, to the best of my knowledge, is in safe driving condition.

By submitting this application to become a volunteer driver for Westmount Charter School, I furthermore agree:

1. To abide by the requirements of all applicable laws at all times while I am engaged as a designated driver.

2. To comply with the plan for the field trip or other activity and the instructions of the teacher-leader during the trip.

3. To immediately advise the Principal of all traffic violations which will increase the amount of demerits against my licence at the time the charge is issued. I will also report any suspension of my licence or change in my insurance status which may occur after the date of this application.

4. If my vehicle is equipped with a front passenger-side airbag, then no student under the age of 12 shall be transported in that seat, unless the airbag has been properly deactivated.

I hereby declare that I have read and understand the information contained on this form.

_____ _____ _____
Volunteer Driver's Name (print) Volunteer Driver's Signature Date

Authorization to Release Driver's Abstract

Driver's Name (in full) _____ Date of Birth _____

Driver's Address _____

Driver's Phone Number (work)_____ (home)_____ (cell)_____

Driver's Licence No. _____ Class _____ Expiry Date _____

I authorize the release of my Driver's Abstract to the Charter Board and/or its insurance agents.

_____ _____
Volunteer Driver's Signature Date

The information on this form is collected under the provisions of the Freedom of Information and Protection of Privacy Act and will be used to carry out our responsibilities under the School Act. If you have any questions about this form, please contact the School's Principal.

For Office Use Only: The above named volunteer driver is authorized to assist our school during the current school year.

Signature of Principal or designate _____ Date _____