



**Form 565-1**  
v. 2018

## VOLUNTEER DRIVER AUTHORIZATION

School: Ponoka Secondary Campus School Year: \_\_\_\_\_

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

(Must be a parent/guardian or coach of \_\_\_\_\_ School Student)

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

Phone Numbers: Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's License No.: \_\_\_\_\_ Class: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Yr Mo Day

Have you been involved in any accidents as a driver during the last three years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Please specify: \_\_\_\_\_

Has your Driver's License been suspended or have you been convicted of any offense under the Highway Traffic Act during the last three years? Yes \_\_\_\_\_ No \_\_\_\_\_

Insurance Coverage: Please read Administrative Procedure 554.

*You must inform your insurance company of your intention to use your own automobile and to act as a Volunteer Driver for School Board activities.*

*The majority of insurance companies do not require an endorsement to auto policies or an additional premium charge as this service is classified as occasional and is not done for compensation. Your insurance company may fax a "Certificate of Insurance" to the school at \_\_\_\_\_.*

Insurance Company: \_\_\_\_\_ Policy No. \_\_\_\_\_

Agent: \_\_\_\_\_

Third Party Liability of \$2,000,000 or greater? Yes \_\_\_\_\_ No \_\_\_\_\_

*I agree to abide by the requirement of the Highway Traffic Act while acting as a Volunteer Driver for school functions. I undertake to report to the school principal all accidents or suspensions of license, which occurs after the date of this authorization while it remains in force.*

*I agree to operate the automobile referred to herein in a safe manner and to comply with the directions of teachers or agents of \_\_\_\_\_ School.*

Vehicle: Make \_\_\_\_\_ Model \_\_\_\_\_ Capacity \_\_\_\_\_

2nd Vehicle (If appropriate)

Make: \_\_\_\_\_ Model \_\_\_\_\_ Capacity \_\_\_\_\_

Liability insurance protection for individual drivers for their legal liability for bodily injury to pupil passengers in excess of such protection as required by the Board and afforded under that driver's own automobile liability insurance is provided by the Board while they are driving pupils in their own automobiles on an authorized school activity or function.

Signature of Volunteer Driver: \_\_\_\_\_ Date: \_\_\_\_\_

This form will be retained at the school office for the current school year.

**PLEASE SUBMIT A COPY OF YOUR INSURANCE**  
**SHOWING 2 MILLION LIABILITY WITH THIS FORM**