

PROGRAM COM MANUAL	
Status	Status Date
Policy Section PC913	Review Date
Page	Policy ID#

Volunteer Driver Information Form

Timothy Christian School

Thank you for completing this Volunteer Driver Information form. We are grateful for the donation of your time and service. The safety of our students is of utmost importance; we need to be diligent in approving qualified drivers who meet our criteria. Please fill-in accordingly and return it to the Office Administrator. *Thank you.*

1. Driver's Personal Information

Last Name	First Name	Date (DD/MM/YY) / /
Address		City, Province, Postal Code
Home Phone ()	Cell Phone ()	Birthday (DD/MM/YY) / /
Email Address:		Male <input type="checkbox"/> Female <input type="checkbox"/>

1. Owner's Personal Information (Please check if same as Driver's Information)

Last Name	First Name	Date (DD/MM/YY) / /
Address		City, Province, Postal Code
Home Phone ()	Cell Phone ()	Birthday (DD/MM/YY) / /
Email Address:		Male <input type="checkbox"/> Female <input type="checkbox"/>

2. Vehicle Information

Drivers License Number		Class	Expiry Date
Vehicle Make	Model	Seating Capacity (Including Driver)	
Vehicle Insurance Company Name	Insurance Agent	Phone Number	

- Copy of Pink Slip Attached

- Copy of Vehicle Insurance in an amount of not less than (e.g. \$1,000,000) with respect to liability for any passengers in the vehicle of the volunteering driver.

3. Driver Commitments

By submitting this application to become a volunteer driver for Timothy Christian School:

1. I acknowledge that my vehicle is in safe operating condition to transport TCS students.
2. I understand I must obtain permission from the Principal to bring a sibling on any/all trip(s).
3. I agree to operate the vehicle referred to herein:
 - in a safe manner
 - to abide by all applicable laws at the times I am transporting students,
 - to transport the number of students that I can lawfully seatbelt in my car,
 - to properly use occupant restraint systems (i.e.: seatbelts, head restraints, airbags, seat position)
 - to fully comply with the directions of teachers or Administrators of Timothy Christian School for all trips I drive for.
4. I agree 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 (i.e.: the current school year).
5. I have advised my insurance company that I have applied to serve as a volunteer driver and inquired whether additional information is required (e.g.: passenger endorsement).
6. I have and agree to maintain for the duration of my time as a volunteer driver for Timothy Christian School personal liability and indemnity insurance equal to or greater than the minimum noted above.
7. Since I will be working with children, I will provide Timothy Christian School with a Criminal and Vulnerable Sector Check prior to beginning any volunteer driving.
8. The information provided on this application is accurate and truthful to the best of my knowledge.

Driver's Signature

Date

Vehicle Owner's Signature

Date

Office Use Only

The above named volunteer has received authorization to drive for Timothy Christian School during the current school year. Their assistance is greatly appreciated.

Signature of Principal: _____

Date: _____