or 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 the school Board. Additional automobile liability insurance protection is provided under the school Board's comprehensive general liability insurance policy for authorized drivers transporting students in privately-owned vehicles on an approved school activity or function. 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 the Board. The owner of the vehicle is expected to inform his/her insurance agent of the intention to use the vehicle and to act as a driver for Board activities, and to enquire whether a passenger endorsement is required to do this. As this driving is classified as occasional, most insurers do not require that a passenger endorsement be added to the policy or that additional premiums be paid. VEHICLE:		November 2015	Lethbridge School Division Employee or Volunteer Driver Authorization	Form 700.3.1		
DRIVER'S ADDRESS:	SCHOOL	SCHOOL NAME: SCHOOL YEAR:				
pplications shall be approved only when the driver possesses a valid, appropriate driver's license. The principal may authorize the use is vate vchicles to transport students if the information previded below indicates that the driver has a sufficiently safe driving record. DINVERS LORENES NUMBERS	DRIVER	'S NAME:	PI	HONE NUMBER:		
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View exhibits to transport students if the information provided below indicates that the driver has a sufficiently safe driving record. DRIVER'S LICENSE NUMBER:	nnlications			se. The principal may authorize the use of		
Has your driver's license been suspended in the last three years?NoNO _						
Has your driver's license been supended in the last three years? □ _ bit if Yes, please provide date of reinstatement:	DRIVER'	S LICENSE NUMBER:	CLASS:	EXPIRY DATE:		
during the last three years? Yes No If Yes, please identify the offence(s) here: Have you been involved in any accidents during the last three years? Yes No If Yes, please give details: Image: Surface Related Considerations: In case of an insurance claim (i.e., third party damage and/or personal lingity) the vehicle where's automobile liability insurance applies before that of the school Board. In case of an insurance claim (i.e., third party damage and/or personal lingity) the vehicle where's automobile liability in surance policy for authorized drivers transporting students in privately-owned vehicles on an approved school activity or function. This insurance is only for an amount in exceeded to the by the vehicle work 's lability insurance policy. Damage to any vehicle, including the owner's, is the responsibility of the volunteer driver and not the School Act as a driver for Board activities, and to enquire whether a passenger endorsement is required to do this, st this driving is classified as occasional, most insures do not require that a passenger endorsement be added to the policy or that additional premiums be paid. VEHICLE:				Day / month / year		
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Make / Model / Capacity (including driver) OWNER'S ADDRESS:	. The ow Board	vner of the vehicle is expected to info activities, and to enquire whether a p	orm his/her insurance agent of the intention to use the assenger endorsement is required to do this. As this c	ne vehicle and to act as a driver for lriving is classified as occasional, most		
OWNER'S ADDRESS:	VEHICL	E:	OWNER'S NAM	IE:		
 INSURANCE ON VEHICLE - COMPANY: POLICY No.:						
(OR COPY OF PINK SLIP ATTACHED) INSURANCE AGENT:						
 COMMITMENTS - By submitting this application to become an employee or volunteer driver for the Lethbridge School Division: I undertake to ensure that the vehicle used to transport students is in safe operating condition. I agree to operate the automobile referred to herein in a safe manner, to abide by all applicable laws at all times while I am transporting students, to limit the number of passengers to the number of seat belts which are useable, to use appropriate child safety seats as required, and to follow Transport Canada guidelines that recommend that children under the age of 12 should be seated in the back. I also agree to refrain from smoking while a student is in the vehicle and to comply with the directions of teachers or agents of the Lethbridge School Division. 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 (i.e., this school year). All student transportation will adhere to the Traffic Safety Act and Lethbridge School Division Transportation and Safety Maintenance Program. I have advised the insurance company that I have applied to serve as an employee or volunteer driver and enquired whether a passenger endorsement is necessary. I undertake to maintain, at all times, personal liability and indemnity insurance equal to or greater than the Board minimal limit noted above. I authorize Lethbridge School Division to conduct a random driver's abstract check at their expense. I accept the foregoing undertakings and certify that the information contained in this application is correct to the best of my knowledge: Driver:	(OR COPY	OF PINK SLIP ATTACHED)				
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Signature of Principal/Designate: Date:	FOR OFF	FICE USE ONY				
	Signature	of Principal/Designate:		Date:		

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The personal information contained on this form is collected under the authority of the School Act and the Freedom of Information and Protection of Privacy Act for the purpose of making a determination regarding the authorization of volunteer drivers. If you have any questions about this consent form, please contact your school principal.