

Volunteer Driver Authorization Form

School: Bra	nntford Elementary					
Surname: First Name:		e:		Mr.		Mrs.
Address:				Ms.		Miss
Home Phone #:	Work Phone #:	Fax #: _			-	
E-mail Address:						
Vehicle:	Year:	Make:	I	icense	e #:	
Registered Owner (if differe	ent than above):					
 Under the Ministry of liability coverage whi In accordance with Burnaby to ensure the following cond 		am, district employees an	d volunteer	drivers e respo	have onsibil	supplemental lity of the driver
Vehicle Act (revised B) No elementary schology bag. C) The vehicle must be insurance restriction E) There will be no sm F) The driver, if newly	oking in the vehicle. r-licensed, must conform with a ot to use any wireless communic	in the front passenger er, and operated consist ny applicable restriction	seat of a ventently with	ehicle	equip	ped with an air
Failure to comply with any	of the above conditions may res	sult in the volunteer Dr	iver Author	rizatio	n beir	ng revoked.
good standing. I have read	e, the vehicle identified above is and accept the above condition changes in the above informatio	s regarding driving sti				
Driver's Signature:			_ Da	te:		
Driver's License #:			_			
Parent / Guardian Signature	(if driver is under the age of 19	9):				
I hereby give permission for from school-approved activi	the above-named driver to use ities.	my vehicle for the pur	pose of trai	nsport	ing st	udents to and
Registered Owner's Signatu	re:		Date:			
I hereby attest, to the best of accepts the conditions outlin	f my knowledge, that the above ned.	information is accurat	e, and that	the dr	iver u	nderstands and
Principals Signature:Valid for School year ending	g June 30, 2019		Date:			