



ANNUAL VOLUNTEER DRIVER REGISTRATION

Frank Hurt Secondary School

Driver Name:			
Address:			
Contact #:	Home:	Cell:	
*Please ensure the information in the section below is verified by a school staff member			
BC Driver's License #:	Staff Initials: _____		
BC Vehicle License Plate #:	Staff Initials: _____		
Insurance Documents:	(please show to staff for verification of license plate) Staff Initials: _____		
Driver is:	Parent <input type="checkbox"/>	Staff <input type="checkbox"/>	Student <input type="checkbox"/> Other: _____
Vehicle Owner:	Driver <input type="checkbox"/>	Other: _____	
Vehicle Owner Address:	As Above <input type="checkbox"/>	Other: _____	
Vehicle Make/Model/Year:			
Max. # of Passengers:	(excluding the driver)		

DRIVER'S STATEMENT: I agree to:

- Keep the safety of students as the highest priority;
- Follow instructions by the Educator-in-Charge of the field study;
- Provide a safe, roadworthy vehicle licensed in British Columbia;
- Operate the vehicle in a safe manner and as required by law;
- Maintain a zero blood alcohol level while transporting students;
- Provide a non-smoking environment while transporting students;
- Refrain from using a cellular device while transporting students.

Driver's Signature

Date

I AUTHORIZE MY SON/DAUGHTER, _____, TO BE A STUDENT VOLUNTEER DRIVER:	
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Parent/Guardian Signature

Date

PRINCIPAL OR DESIGNATE'S APPROVAL:

Signature

Position

Date