



St. Thomas Aquinas Catholic Schools Volunteer Driver Authorization

To be read by the driver BEFORE filling out this form.

NOTE: Insurance Coverage

Volunteer Drivers:

- ❖ Those wishing to act as volunteer drivers for the school jurisdiction activities and who are planning to use their own vehicles must inform their insurance company to determine the nature of exposure and ensure that they are adequately protected.
- ❖ The volunteer driver shall carry third party and passenger hazard liability insurance in an amount of not less than \$2,000,000 and accident benefits as required by law.
- ❖ In all cases, the volunteer’s insurance coverage is primary or first loss insurance. The school jurisdiction’s insurance does not come into force unless there is a judgement in excess of the volunteer’s insurance with respect to the said liability. The volunteer driver shall not be allowed to provide transportation services until the guidelines required by the Board have been fulfilled.

Policy No. _____

NOTE: Legislation respecting seat belts shall apply (Highway Traffic Act).

This information is collected and used to ensure that those people involved in transporting students have valid drivers license and appropriate insurance coverage. This information will also be provided to the insurance company in the event of a claim.

**NOTE: This information is being collected and used in accordance with Section 32(1), 33 and 37 of the Freedom of Information and Protection of Privacy Act (1997).
Questions regarding the collection of this information, contact Central Office (780)986-2500.**

School: _____ Address: _____
 Volunteer
 Driver’s Name: _____ Phone: _____ Vehicle Make & Model _____

Driver’s License # _____ Class _____ Expiry Date _____ Any suspensions/convictions under the
 Copy of the driver’s licence is herewith provided. Highway Traffic Act? Y N

Company you are insured with _____ Policy # _____ Agent: _____ Expiry Date _____

Third Party Liability (bodily injury & property damage) limits \$ _____ Accident Benefits (specify) _____
 A copy of the effective insurance policy is herewith provided. Any changes to drivers license status, or insurance coverage must be submitted immediately.

Signature of volunteer _____ Please print name _____ Date: _____
 (Must be over 18 years of age)

FOR OFFICE USE ONLY
 _____ OF _____ IS HEREBY AUTHORIZED TO ACT AS A VOLUNTEER
 DRIVER FOR THE PERIOD OF _____ FOR THE PURPOSE OF _____