



# VOLUNTEER DRIVER REGISTRATION

## LA Matheson Secondary School

Driver Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
 BC Drivers Licence #: \_\_\_\_\_

Driver is:  Parent  Staff  Student  Other (describe) \_\_\_\_\_

Vehicle Owner:  Driver, or: \_\_\_\_\_  
 Owner Address:  As above, or: \_\_\_\_\_

Vehicle BC Licence Plate Number: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model Year: \_\_\_\_\_

Maximum Number of Passengers, excluding driver: \_\_\_\_\_

DRIVER'S STATEMENT: I agree to:

- Provide a safe, roadworthy vehicle licenced in British Columbia.
- Be licenced as a British Columbia driver.
- Follow instructions by the Educator-In-Charge of the field study.
- Keep the safety of students as the highest priority.
- Verify the use of passenger restraint systems/seat belts by all occupants.
- Operate the vehicle in a safe manner and as required by law.
- Provide a non-smoking environment while transporting students.
- Refrain from using a cell telephone while driving.

\_\_\_\_\_  
**Driver's Signature** **Date** **Staff Witness**

I AUTHORIZE MY SON/DAUGHTER, \_\_\_\_\_, to be  
 A STUDENT VOLUNTEER DRIVER.

\_\_\_\_\_  
**Parent/Guardian Signature** **Date**

**PRINCIPAL OR DESIGNATE'S APPROVAL**

\_\_\_\_\_  
**Signature** **Position** **Date**