

Volunteer Driver Declaration For Vehicles Owned by Volunteer

I wish to assist the education of children in Parkland Immanuel Christian School and therefore apply to become a volunteer driver.

In return for the school granting me permission to be a volunteer driver, I make the following promises and commitments:

- a. I agree to abide by the requirements of all applicable laws at all times while I am engaged in volunteer driving.
- b. I will report to school administration all accidents (whether or not occurring while I am volunteer driving) and any suspensions of my licence or change in my insurance status which may occur after the date of this declaration.
- c. I undertake to at all times maintain insurance in an amount of not less than \$1,000,000 in respect of liability or injury or death of any students who are passengers in my vehicle while I am volunteer driving and I have consulted my own insurance company before undertaking to transport students.
- d. I understand that:
 - i. In case of an insurance claim, the vehicle owner's automobile liability insurance applies before Parkland Immanuel Christian School's insurance.
 - ii. Excess automobile liability insurance protection is provided under Parkland Immanuel Christian School's comprehensive general liability insurance policy for authorized volunteer 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 automobile liability insurance policy.
 - iii. Damage to the owner's vehicle is not insured by Parkland Immanuel Christian School.
- e. I will accept the decisions made by the event organizer (teacher/coach) etc. If I disagree with a decision made I will discuss this matter with the event organizer in private.
- f. I make these promises and commitments in good faith and with the intention that they be legally binding and enforceable against me.

DRIVER'S NAME _____	AGE (if under 18) _____
DRIVER'S ADDRESS _____	TELEPHONE _____
DRIVER'S LICENCE NUMBER _____ CLASS _____	EXPIRY DATE _____
NAME OF INSURANCE COMPANY _____	POLICY NUMBER _____
AGENT _____	LIABILITY LIMIT _____
DRIVER'S SIGNATURE _____	DATE _____
VEHICLE OWNER'S SIGNATURE _____	DATE _____
<small>(if driver is not vehicle owner)</small>	
PARENT/GUARDIAN'S SIGNATURE _____	DATE _____
<small>(IF DRIVER IS UNDER 18 YEARS OF AGE)</small>	

Send

I accept the above-named individual as a volunteer driver for the _____ school year.
 Administration Signature: _____ Date: _____

the

completed form by email to infor@parklandimmanuel.ca.
 The school will retain one copy of this form for their files.