



PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION AND ATTACH THE FOLLOWING DOCUMENTS:

1. A valid (< 5 years old) Criminal Records Check for Volunteers (vulnerable sector) from the RCMP. (Unless CRC has already been submitted to WRCA for volunteering.)
2. Copy of automobile insurance with \$2,000,000 third party liability.

Driver's Name: _____ Phone Number: _____
Address: _____ E-mail: _____

NOTE: APPLICATIONS MAY BE APPROVED ONLY WHEN THE DRIVER POSSESSES A VALID, APPROPRIATE DRIVER'S LICENSE, HAS PROVIDED PROOF OF APPROPRIATE AUTOMOBILE INSURANCE, AND IS ABLE TO RESPOND *No* TO THESE TWO QUESTIONS CONCERNING CONVICTIONS AND SUSPENSIONS OVER THE LAST THREE YEARS.

Driver's License Number: _____ Class: _____ Expiry Date: _____
1. Has your driver's license been suspended or revoked in the last three years? Yes ☐ No ☐
If Yes, please provide date of reinstatement if suspended: _____
2. Have you been convicted of an offence under the Highway Traffic Act, or for any motor vehicle-related offence under the Criminal Code of Canada during the last three years? Yes ☐ No ☐
If Yes, please identify the offence(s) here: _____

Insurance Related Considerations:

1. WRCA requires that the vehicle owner maintain, at all times, valid automobile insurance with a minimum of **\$2,000,000 Third Party Liability Insurance** as required under BC legislation in respect of liability for injury or death of any students who are passengers in the vehicle the volunteer driver is operating.
2. In case of an insurance claim (i.e., third party damage and/or personal injury) the vehicle owner's automobile liability insurance applies **before** that of WRCA.
3. Additional automobile liability insurance protection is provided under WRCA's comprehensive general liability insurance policy for authorized drivers transporting students in privately-owned vehicles on an approved school activity. This insurance is **only** for an amount in excess of the limit of liability provided by the vehicle owner's liability insurance policy.
4. Damage to any vehicle, including the owner's, is the responsibility of the volunteer driver and not WRCA.

Vehicle 1: _____ / _____ / _____
Make / Model / License Plate No. / Seating Capacity (Including Driver)

Insurance On Vehicle 1 - Company: _____ Registration No.: _____

Owner's Name: _____

Owner's Address: _____

Owner's Phone: (H) _____ (W) _____ (C) _____

Vehicle 2: _____ / _____ / _____
Make / Model / License Plate No. / Seating Capacity (Including Driver)

Insurance On Vehicle 2 - Company: _____ Registration No.: _____

Please fill out the following information if it is different from Vehicle 1:

Owner's Name: _____

Owner's Address: _____

Owner's Phone: (H) _____ (W) _____ (C) _____

Vehicle 3: _____ / _____ / _____
Make / Model / License Plate No. / Seating Capacity (Including Driver)

Insurance On Vehicle 3 - Company: _____ Registration No.: _____

Please fill out the following information if it is different from Vehicle 1:

Owner's Name: _____

Owner's Address: _____

Owner's Phone: (H) _____ (W) _____ (C) _____



COMMITMENTS

By submitting this application to become a volunteer driver for WRCA:

1. I undertake to ensure that the vehicle used to transport students is in safe operating condition.
2. I will provide proof to WRCA of valid automobile insurance with a minimum of \$2,000,000 in liability insurance.
3. I agree
 - a) to operate the automobile referred to herein in a safe manner
 - b) to abide by all applicable laws at all times while I am transporting students
 - c) to limit the number of passengers to the number of useable seat belts
 - d) to require proper use of occupant restraint systems (i.e., seatbelts, head restraints, airbags, seat position), and
 - e) to comply with the directions of teachers or agents of WRCA.
4. I undertake to report to the school principal all accidents and any suspension of my license or change in my insurance status which may occur after the date of this authorization while it remains in force.
5. I undertake to maintain, at all times, appropriate personal liability and indemnity insurance.
6. I accept the foregoing undertakings and certify that the information contained in this application is correct to the best of my knowledge:

Signature of Driver: _____

Signature of Vehicle Owner: _____

Parent/Guardian (if driver is under 18 years of age): _____

FOR OFFICE USE ONLY

The above-named driver is authorized to assist the school during the current school year. The assistance is appreciated.

- ☐ Copy of current automobile insurance policy submitted.
- ☐ Policy has minimum \$2,000,000 in liability insurance.

Signature of Principal/Designate: _____ Date: _____

Personal information contained on this form is collected under the authority of the School Act, for the purpose of participating in school trips. If you have any questions about this form, please contact your school administrator.