

STUDENT FIELD EXPERIENCE VOLUNTEER DRIVER AUTHORIZATION FORM

School: _____

Driver's Name: _____

Driver's Address: _____

Driver's Telephone Number: _____

Driver's Licence Number: _____ Expiry Date: _____

Vehicle Owner's Name: _____

Vehicle Owner's Telephone Number(s): (H) _____ (C) _____ (W) _____

Vehicle Licence Number: _____

Year, Make and Model of Vehicle: _____

Insurance Certificate Expiry Date: _____

Insured Limit (3rd party liability – **minimum of \$1 million**): \$ _____Driver Abstract/Driver Record Submitted: yes no*(To obtain a copy of your Driver Abstract, please call 1.800.950.1498 and have your driver's license number ready.)*Number of Seat Belts in Vehicle: _____ Booster Seats: yes no

I hereby affirm that to the best of my knowledge the vehicle identified above is in safe, roadworthy condition and my driver's licence is in good standing. I also affirm that I have never been convicted of impaired driving or any other criminal driving offence and acknowledge the requirement that all vehicle occupants must use seatbelts and booster seats as required. **I acknowledge that booster seats are mandatory for children over 18 kg (40 lb) until their 9th birthday, unless they have reached the height of 145 cm (4' 9"). I will not allow any child under the age of 12 to sit in the front seat of the vehicle if it is equipped with a passenger side airbag, unless it can be legally deactivated.**

Driver's Signature_____
Date_____
Principal's Signature_____
Date