

VOLUNTEER DRIVER APPLICATION FORM

SCHOOL YEAR:		
	(Please Print)	
Name (Please Prin	t)	
Address (Please Prin	t)	
Phone N	umber	
I, bei	ng the driver named above, acknowledge and agree with the information w:	
	I am 25 years of age or older.	
	I have a valid driver's license.	
	To the best of my knowledge, my vehicle is in good mechanical condition, in safe working order and in compliance with Licensing and Equipment Regulations enacted pursuant to the Highway Traffic Act.	
	My car is equipped with winter tires during the recommended winter driving season (November 1 – April 30)	
	I have submitted a satisfactory Criminal Reference Check to the school.	
П	I have not incurred any serious traffic offences in the nast five years	

The personal information requested on this form is collected under the authority of the *Schools Act*, 1997 and is used for purposes that are necessary for the administration and evaluation of educational programming and support services, and to ensure the safety and security of our students, staff and property. This information will be treated in accordance with the privacy protection provisions of the Access to Information and Protection of Privacy Act, and school district staff are required by law to protect the personal information provided on this form. If you require further information regarding the collection and use of this information, please contact the school principal or the Senior Administrative Officer (Corporate Services) at (709) 256-2547.

	I have a minimum of \$1,000,000 liability coverage on my vehicle.		
	I have been provided with a copy of the Nova Central School District <i>Use of Private Vehicles for the Transportation of Students Policy.</i>		
	I understand that Nova Central School District does not provide third party liability insurance for private vehicles and drivers for school-sponsored field trips.		
Additional information/comments:			
			
Signa	ture	Date	
Witne	ss Name (Please Print)		
Witne	ss Signature	Date	

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