



For Vehicles Owned By Volunteer (For Current School Year Only)

I wish to assist the education of children in \_\_\_\_\_ School and therefore apply to become a volunteer driver.

In return for your 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 the school principal 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 the Edmonton Public School Board's insurance.
ii. Excess automobile liability insurance protection is provided under the Edmonton Public School Board'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 Edmonton Public Schools.
e. I make these promises and commitments in good faith and with the intention that they be legally binding and enforceable against me, my estate, heirs, and successors.

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 \_\_\_\_\_
(if driver is not vehicle owner)

PARENT/GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_
(IF DRIVER IS UNDER 18 YEARS OF AGE)

I accept the above-named individual as a volunteer driver for the \_\_\_\_\_ school year.
Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send the completed form by email to insurance@epsb.ca. The school/decision unit should retain one copy of this form for their files for a period of one year.