

VOLUNTEER DRIVER REGISTRATION FORM

New Westminster Schools is a place where students love to learn. Our mission is to enable each student to learn in a safe, engaging, and inclusive environment. Volunteers can work together with staff to help create this environment. While welcoming volunteer participation, the District is responsible for establishing safety procedures related to school volunteers.

In order to ensure the safest possible environment for all students, all volunteers who use their private vehicle to transport students must read the Volunteer Guidelines ([Appendix A](#)) and complete the following Volunteer Driver Registration Form (490-2).

Please complete and return form to the school

School: _____	
Applicant Full Name: _____	
Name of child(ren) in the school: _____	
Teacher Name(s) of child(ren) in the school: _____	
Address: _____	
City: _____	Province: _____
Home Telephone: _____	Mobile: _____
Email: _____	
1. Have you ever been convicted or given an absolute or conditional discharge on a criminal offence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are there currently any outstanding criminal charges against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Note: A criminal charge or conviction will not automatically exclude you from volunteer opportunities. The nature of your involvement as a volunteer and the circumstances related to the charge or conviction will be considered.</i>	
3. Do you know of any reason why you should not be involved in a capacity in which you are/will be with children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Provide the names and telephone numbers of two references:	
Name: _____	Telephone: _____
Name: _____	Telephone: _____

Volunteer Driver

- | | | |
|---|------------------------------|-----------------------------|
| Do you have a valid Driver's License? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have use of a car for transportation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a minimum of \$1,000,000 Liability Insurance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you attached a copy of your vehicle insurance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you 25 years of age or older? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you attached your current driving record from ICBC ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

(Please note: the District provides excess Liability Coverage for volunteers up to 10 million.)

How many safe passenger seats, with headrest and shoulder belt, does your vehicle have (children 13 and under must sit in the backseat): _____ Vehicle Make/Model/Year: _____

BC Vehicle License Plate #: _____

Please note: Volunteer Drivers are responsible for ensuring booster seats are correctly installed for children over 18 kg (40 lbs), until they are 9 years of age or have reached a height of at least 145 cm (4'9"). The Parent/Guardian Booster Seat Consent and Waiver Form (260-4) must be completed for each child.

School Volunteer Code of Conduct

In order to ensure the safest possible environment for all students, all volunteers must abide by the following:

- I agree to act in a respectful manner and practice an ethic of care with all children and members of the school community
- I agree to abide by all instructions and directions given to me by the supervising teacher
- I have spoken with the supervising teacher about student behaviour expectations and understand my role in responding to students
- I will maintain confidentiality at all times
- I have reviewed New Westminster Schools Volunteer Guidelines

I understand that I have applied for a sensitive position of trust with the New Westminster School District. I have read, understood and agree to the School Volunteer Code of Conduct and Guidelines. I declare that all information I have provided on this form is complete and true in every respect.

Signature of Volunteer: _____ Date: _____

Signature of Principal: _____ Date: _____

The information on this form is collected under the authority of the School Act, Sections 13 and 79. The information provided will be used for Educational program and administrative purposes, and when required, may be provided to health services, social services, or support services as Outlined in Section 79 (2) of the School Act. The information collected on the form will be protected in accordance with the provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the information recorded on this form, please contact School Administration

References: Administrative Procedure 490 – Parent/Guardian Volunteers
Appendix A: Appendix A: Volunteer Guidelines

Revised: September 12, 2023