

# VOLUNTEER FORM

*Please complete the following steps, sign and date, and then hand in to the school office.*

**VOLUNTEER SURNAME:** \_\_\_\_\_

1. I will be volunteering with Phil & Jennie Gaglardi Academy and have provided the school with the following:

☐ Consent to Criminal Record Check for Volunteers (BC Ministry of Justice)

2. I will be driving students from the Phil & Jennie Gaglardi Academy for activities on various dates and have provided the school with the following:

☐ A Driver's Abstract: Call 1-800-950-1498 for your complete driving record to be faxed to the school. (The school fax is 250-339-1215.)

☐ A copy of my driver's license

☐ A copy of my vehicle insurance papers showing at least \$5,000,000 in third party liability insurance.

- To the best of my knowledge, the vehicle I will drive is in sound mechanical condition and is safe for transporting students.

- I will ensure that each passenger will wear a seatbelt and that the seatbelt will be in good working order.

- For trips to Mount Washington Alpine Resort, I certify that the vehicle I will drive has chains that can be used if necessary.

**VOLUNTEER NAME:** \_\_\_\_\_

**VOLUNTEER SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

OFFICE

DATE RECEIVED: