Volunteers in the Schools Appendices

1 1	
Name/ Address of volunteer	
Brief identification of trip/activity	
Staff Member in Charge	
School Name:	School Year:
I,	acree that
1,	, agree that:
I have been fully informed as to all ele- role that I am expected to play on this.	ements of the activity/trip and understand that the s trip is as follows:
(itemized and detailed outline of expected	d role)
I hold the experience and qualification	n appropriate for this activity including:
_	ibit positive behavior and act as an appropriate role, and in accordance with the school code of conduct.
<ul> <li>I have been fully briefed by the Staff I itinerary.</li> </ul>	Member in Charge of the planned schedule or
	I hold that are relevant to acting as a leader on ge. (i.e. drivers license, FAC, First Aid)
<ul> <li>I am committed to fulfill my duties as including evenings and weekends if re</li> </ul>	s a volunteer for the duration of the activity equired.
<ul> <li>I understand the need to dress appropriation planned and that I am participating in</li> </ul>	priately for the type of activity that is being n.
— I am available to attend parent/legal	guardian meetings as required.
I hereby consent to an RCMP criminal re	cord check :
Signature of Volunteer:	
Date:	

Date:		

## Considerations:

- 1. The Department of Education recognizes that the contributions played by volunteers are an essential component of the learning experience of students, and that many activities depend upon the willingness and availability of volunteers
- **2.** The Department of Education requires that any volunteer who is in a position of authority over a student must consent to an RCMP Security Check..

The personal information contained on this form is collected under the authority of the Education Act and the Access to Information and Protection of Privacy Act for the purpose of participating on school trips. If you have any questions about this form, please contact your school principal.

## Appendix 2 Use of Private Vehicles for Transporting Students

passengers in the vehicle the volunteer driver is operating.

School Name:	So	chool Year:	
Driver's Name:	Pho	one Number:	_
Driver's Address:			_
Driver's License Number:		Expiry Date:	
nsurance Related Considerations:			
±	-	he vehicle owner maintain, at all times 000) with respect to liability for any	,

2. The owner of the vehicle is expected to inform his/her insurance agent of the intention to use the vehicle and to act as a volunteer driver for school activities, and to obtain, where necessary, a passenger endorsement.

	Make	1	Model	1	Seating Capacity (inc. driver)
Owner's Name:					
Owner's Address:					
Owner's Phone:					
nsurance On Vehicle -	Company: _				
nsurance Agent:					Or Copy of Pink Slip Attach

## **COMMITMENTS**

By submitting this application to become a volunteer driver for the Yukon Department of Education:

- 1. I undertake to ensure that the vehicle used to transport students is in safe operating condition.
- 2. I agree to operate the automobile referred to herein in a safe manner, to abide by all applicable laws at all times while I am transporting students, to limit the number of passengers to the number of useable seat belts, to require proper use of occupant restraint systems (i.e., seatbelts, head restraints, airbags, seat position), and to comply with the directions of teachers or agents of the Yukon Department of Education.

- 3. I am aware that all children under 44 pounds must be seated in an approved child restraint seat placed in the back seat, and that all children under 13 years of age will not be seated in the front seat in those vehicles where air bags are installed in the front.
- 4. I undertake to report to the school principal all accidents and any suspension of my license or change in my insurance status which may occur after the date of this authorization while it remains in force (i.e., this school year).
- 5. I have advised my insurance company that I have applied to serve as a volunteer driver and inquired whether a passenger endorsement is necessary.
- 6. I undertake to maintain, at all times, personal liability and indemnity insurance equal to or greater than the minimum noted above.
- 7. I accept the foregoing undertakings and certify that the information contained in this application is correct to the best of my knowledge.

Signature of Driver:
Signature of Vehicle Owner:
Date:
The above-named driver is authorized to assist the school during the current school year.
Signature of School Administrator:
Date:

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