



WETASKIWIN REGIONAL PUBLIC SCHOOLS

"Inspiring students to become the best they can be."

FORM 557-1

Employee/Volunteer Automobile Owner and Driver Authorization Form

Where applicable, the vehicle owner must authorize permission (below) to a volunteer driver to operate the said vehicle, and ensure that the volunteer driver is properly licensed.

The vehicle owner/volunteer driver shall not provide transportation services until the guidelines as outlined in [AP 557: Transportation of Students in Private Vehicles](#) has been fulfilled.

This information is collected and used to ensure that those people involved in transporting students have both a valid drivers' license and appropriate insurance coverage. This information will also be provided to the insurance company in the event of a claim.

Parental acceptance of the school division's Student Accident insurance plan does not apply during the transportation portions of the trip; the student is only covered from when they arrive at the school sponsored off-site activity, and until they leaves the off-site activity.

School:		Employee/Volunteer Driver: (Must be over 18 Yrs of age)	
Driver's License #:		Class:	Vehicle Used:
Address:		Home Phone:	Cell:
Vehicle Make/Model	Vehicle Year	Has your driver's license been suspended, or have you been convicted of any offence under the Highway Traffic Act during the last 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Copies of the effective insurance policy, changes to driver's license status, or insurance coverage as well as a current driver's abstract must be submitted along with this authorization request. Any changes to the above must be submitted immediately.			
Policy No:	Name of your Insurance Co:		
Agent:	Agent Phone No:	Expiry Date:	Third Party Liability Limits:

I, owner of said vehicle, hereby give authorization of the above mentioned driver to operate my vehicle.	_____ Signature of Vehicle Owner	_____ Date
I have read and understand the terms of Transporting students.	_____ Signature of Employee/Volunteer	_____ Date
_____ Signature of Principal/Designate	_____ School	_____ Date