

CASCADE CHRISTIAN SCHOOL VOLUNTEER DRIVER FORM

Name:		D	Date of Birth:	
Address:		C	City:	
Postal	Code:	Phone: (home)	(cell)	
DRIV	ER DECLARATION	ON		
_	a minimum of \$2,0 de Christian School		insurance coverage required by	
	I have a valid BC Driver's License and I am legally permitted to operate a motor vehicle.			
	The vehicle I will be using is in a safe operating condition and meets all the			
	current requirements of the BC Motor Vehicle Act and Regulations. I will operate my vehicle in a safe and legal manner while transporting children. I am 21 years of age or older.			
	I will ensure all passengers wear seatbelts and that no passengers under the age of 12 will sit in the front seat of vehicles equipped with airbags on the passenger side (unless they can be disabled).			
	I will drive the most		seat requirements. e activity and I will not make any h the classroom teacher beforehand.	
Boost	Children over 18kg/4	s of age OR over 4 ft. 9 inches – 10 lbs. AND under 4 ft. 9 inches - y of the parent or guardian to pr		
	•	ormation given is complete read and understand this de		
Name:			Date:	
Signat	ure:		Office use only: Copy of insurance on file	