



AP 5 – 06 Exhibit I – Driver Registration

Exhibit I

DRIVER REGISTRATION

School: _____

Driver's Name: _____

Address: _____ Phone: _____

Alberta Driver's Licence Number.: _____ Class: _____

Expiry Date: _____

1. Has your driver's licence been suspended, or have you been convicted of any criminal offence under the *Traffic Safety Act* during the last three years?

Yes: _____ No: _____

2. Name of company you are insured with:

Company: _____

Policy Number: _____ Agent: _____

Expiry Date: _____

3. Are you endorsed by your insurance company to carry passengers?

4. Copy of Criminal Record Check

Yes: _____ No: _____

I agree to abide by the requirements of all provincial and other statutes and regulations governing the operation of motor vehicles and the traffic by-laws of any municipality while acting as a volunteer driver for school functions. I undertake to report to the principal all accidents or suspension of license which occurs after the date of this authorization and during the period it remains in force.

Signature of Volunteer Driver

Date

OFFICE USE ONLY – Attachment

Certificate of Insurance, indicating \$2,000,000 Third Party Auto Liability

**Note – Each private vehicle shall carry \$2,000,000 Third Party Auto Liability*



**CRIMINAL RECORD AND VULNERABLE SECTOR CHECKS
CHANGE IN STATUS
STATUTORY DECLARATION FORM (VOLUNTEERS)
Administrative Procedure 2-21**

In lieu of all volunteers in Chinook's Edge School Division No. 73 updating Criminal Record and Vulnerable Sector Checks annually, this Statutory Declaration will alleviate the need for annual checks so that new checks will only be required every three (3) years in the absence of a change of status being reported.

I, _____,
(Print Name)

declare that I will promptly advise the school principal of each school at which I volunteer of any change in the status of the matters set out below since the last Criminal Record and Vulnerable Sector Checks collected by Chinook's Edge School Division No. 73, or since the last Statutory Declaration given by me to Chinook's Edge School Division No. 73, including, but not limited to whether:

I have been the subject to any proceedings of any nature in relation to persons falling within the vulnerable sector for offences

I have been convicted of any offence under the Criminal Code of Canada, and the following information for each offence:

1. Full Details of the offence
2. Date of the offence
3. Court location
4. Date of Conviction

I have been charged with the following charges under the Criminal Code of Canada or any legislation dealing with individuals falling within the vulnerable sector and the following information for each charge:

1. Full Details of the alleged offence
2. Date of the offence
3. Court location

Please use additional pages as necessary.

Distribution:

Signed Copy – School Files



I SOLEMNLY DECLARE that I will abide by the foregoing requirements for disclosure and I make this Declaration knowing it be to be of the same force and effect as if made under oath.

DECLARED at _____ this ____ day of _____, 201_.

Volunteer Signature

Date of Birth (yyyy/month/day)

Please Print Name

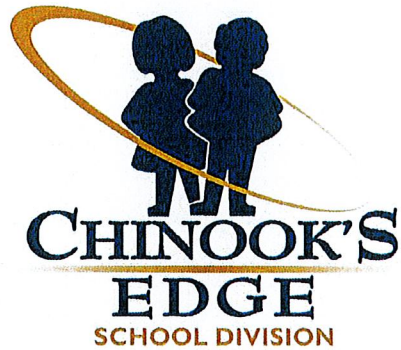
Schools at which Volunteer Service: (list all schools)

Please submit completed form to the school(s) where you volunteer and retain a copy for your records.

The personal information on this form is collected, used, and disclosed in accordance with the School Act, Sections 45 and 117, and the *Freedom of Information and Protection of Privacy Act*, Section 33, to determine suitability for engagement as a volunteer to work with students. The information collected is kept confidential and used consistent with the purpose provided under the *Freedom of Information and Protection of Privacy Act (FOIP)*. If you have any questions about the collection, use, and disclosure of personal information, please contact the FOIP Coordinator at Chinook's Edge School Division No. 73, 4904 -50th Street, Innisfail, Alberta, T4G 1W4, phone 403-227-7070 or 1-800-561-9229.

Distribution:

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RCMP - Alberta

Re: Criminal Record Check

(Name – please print)

Will be employed or volunteering with Chinook's Edge School Division No. 73. He/she will require a Criminal Record Check including the Vulnerable Sector Check prior to working or volunteering for our school division.

If you require further information, please do not hesitate to call me at (403) 227-7070.

Thank you,

A handwritten signature in blue ink that reads "R. Hoppins".

Ray Hoppins
Associate Superintendent - People Services