

inspiring hearts  MINDS



Lawrence Grassi Middle School
École Intermédiaire Lawrence Grassi
610-7th Avenue.
Canmore, Alberta
T1W 2CH5
Tel: 403-678-6006
Fax: 403-678-4881

Request for Personal Driving and Motor Vehicle Information

This letter confirms that the person presenting this letter is a volunteer driver for the Lawrence Grassi Middle School and is eligible for our agreed upon discount.

If you have any questions, please contact me at 403-678-6006.

Nadine Trottier
Principal
Lawrence Grassi Middle School



BANFF COMMUNITY HIGH SCHOOL
 BANFF ELEMENTARY SCHOOL
 CANMORE COLLEGIATE
 ELIZABETH RUMMEL SCHOOL
 EXSHAW SCHOOL
 LAWRENCE GRASSI SCHOOL

Procedures referred to in this document are found in Canadian Rockies Regional School Divisions Administrative Procedures Manual. Administrative Procedure 362 and Administrative Procedure 260 (13, 14 & 15) can be viewed at this website link: http://www.crps.ab.ca/index.php?option=com_remository&Itemid=116&func=fileinfo&id=189

Information collected on this form is governed by the FIOPP act (Section 33(c))

VOLUNTEER DRIVER AUTHORIZATION FORM
 (for one year only)

SCHOOL: _____ NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

DRIVER'S LICENCE NO. _____ CLASS: _____ EXPIRY DATE: _____

Have you been involved in any accident as a driver during the last three years? _____

If yes, please specify: _____

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 _____ No: _____

Insurance: Company: _____ Policy No: _____ Agent: _____

* Third Party Liability Limit of \$2,000,000 Yes: _____ No: _____
 (See notice below)

I agree to operate the automobile referred to herein in a safe manner and to comply with the directions of teachers or agents of the Canadian an Rockies Public School Division. Furthermore, I believe my vehicle to be in sound operating condition.

My private vehicle is equipped with a Canadian Standards Association approved child seating assembly or seat belt assembly suitable for each child who will be a passenger in my vehicle with respect to each child and their age, weight, and height.

Yes _____ No _____

My private vehicle is equipped with a Canadian Standards Association approved seat belt assembly suitable for each adult who will be a passenger in my vehicle.

Yes _____ No _____

Vehicle: _____		Second Vehicle(if appropriate) _____	
Make and Year		Make and Year	
Model	Capacity	Model	Capacity

I, _____ have read the Division's Administrative Procedure 362 and 260 (13, 14 & 15), Student Transportation in Private Vehicles, and I hereby agree to abide by it. I further confirm that the information contained in this form and any attachments hereto, is truthful in all respects and that I have not in any way misrepresented or failed to provide any information reasonably pertinent to the Division's decision regarding the transportation of students, staff and/or volunteers in my private vehicle.

I agree to drive in a safe manner and to abide by the requirements of the Traffic Safety Act and the applicable traffic bylaws while acting as a volunteer driver for the Division. I undertake to report to the school principal all incidents and suspensions of my driver's license or charges or convictions under the Criminal Code of Canada which may occur after the date of this authorization while it remains in force.

Signature of Volunteer Driver : _____ Date: _____

FOR OFFICE USE ONLY: Security Clearance Received _____ Date: _____

The above named volunteer is authorized to assist our school during the current school year. We appreciate this help and cooperation.

Signature of Principal (Principal (or Vice Principal) : _____ Date: _____

The Volunteer is reminded that: In all cases prior to the event the individual must provide to the school Principal a current copy of a driver's abstract.

Date Received: _____

All benefits available under the Board's Pupil accident Insurance Plan automatically apply to students transported in private vehicles. Liability Insurance protection for individual drivers for their legal liability for bodily injury to pupil passengers in excess of such protection as may be afforded under the driver's own automobile liability is provided by the Board while they are driving pupils in their own automobiles on an authorized school activity or function.

* Notice re: Insurance Coverage – Volunteer Drivers

* You must inform your Insurance Company of your intention to use your own automobile and to act as a Volunteer Driver for School board activities and c have \$2,000,000 third party liability

The majority of insurance companies do not require an endorsement to auto policies or an additional premium charge as this service is classified as occa done for compensation. However, it is your responsibility to confirm this information with your Insurance Company.

All personal information is collected under the authority of section 33(c) of the FIOPP act. It will be used in the administration of student transportation policies, including eligibility to transport students in private vehicles. It is protected by the privacy provisions of the FIOPP act. If you have any question about the collection, please contact your school principal.

Request for Personal Driving and Motor Vehicle Information

In accordance with s. 33(c) of the Freedom of Information and Protection of Privacy Act, the Traffic Safety Act, and the Access to Motor Vehicle Information Regulation, specific personal information is collected to determine the recipient's authority to request the information and to confirm the identity of the recipient and of the authorized employee of the recipient (if the recipient is an organization). The registry agent stores the documents for one year. The form is used to monitor and audit the release of information and to conduct investigations if the Registrar receives complaints about the release. Questions about the collection of this information can be directed to a Service Alberta Information Officer at 780-427-7013, toll free 310-0000 within Alberta. Alternatively, questions may be mailed to Box 3140, Edmonton, AB T5J 2G7, attention Data Access and Contract Management Unit (DACMU).

This form is for use by a person who is present in the office of a registry agent and is requesting the release of his/her personal driving and/or motor vehicle information pursuant to section 5(1)(a) or 2(1)(p) of the Access to Motor Vehicle Information Regulation (AMVIR).

I, _____ of _____
Full Name Street Address
City/Town/Village Province Postal Code Telephone Number (include area code)

declare that my operator's licence number is: _____, and my birth date is: _____
yyyy-mm-dd

In accordance with the Access to Motor Vehicle Information Regulation (AMVIR), I request the release of my personal information by Alberta Registries for the following products:

(check all products required)

- Driver's abstracts: [] 3 Year, [] 5 Year, [] 10 Year Driver Abstract (SDA), [] 3 Year, [] 5 Year, [] 10 Year Commercial Driver Abstract (CDA), [] Court Certificate, [] Search Product, [] Additional Search Product, [] Confirmation Letter - specify:

I agree that, Alberta Registries and/or the registry agent are not liable for any defect, error or omission in the information being provided and are not responsible for any privacy breach after the information product is released.

_____ Date Signature of Applicant

Declaration for Faxing - only complete if applicable.

I request that my personal driving and motor vehicle information released pursuant to section 5(1)(a) or 2(1)(p) of the Access to Motor Vehicle Information Regulation (AMVIR) be faxed to _____

I agree that, Alberta Registries and/or the registry agent are not liable for any privacy breach after the information product is faxed to the above number.

_____ Date Signature of Applicant