



SCHOOL DISTRICT 63 (SAANICH)

2125 Keating Cross Road, Saanichton, BC Canada V8M 2A5

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SCHOOL VOLUNTEER INFORMATION

The Saanich School District appreciates the many volunteers who support our students throughout the year. We are committed to providing a safe and secure learning environment for our students and therefore asks volunteers to provide schools with the following information:

Criminal Record Checks

Volunteers are required to complete a Criminal Record Check every three years.

Please apply online to the Ministry of Justice at <https://justice.gov.bc.ca/eCRC/> and use Access Code **UV53DWHBYX**. Your Criminal Record Check will be sent to the School Board Office for review.

Applicants who have not been living in Canada for at least 2 years or do not have a credit history of at least 6 months are required to obtain a Criminal Record Check through their local police department. The school office can provide a letter to assist with this process.

Volunteer Drivers

In addition to completing a Criminal Record Check, Volunteer Drivers are required to complete the following steps each school year:

1. Request a copy of your Driver's Abstract. You can either:
 - a. Apply online: <https://onlinebusiness.icbc.com/cliio/> OR
 - b. Visit your local ICBC branch. Please bring your driver's license and another form of ID. OR
 - c. Call ICBC on **250-978-8300**. Please have your driver's license number ready.
2. Complete a **Volunteer Driver Application**.
3. Bring the completed form to your school office along with a copy of your Driver's Abstract, Driver's License and insurance document.

We greatly appreciate all of our volunteers taking the time to complete this process. All information will be kept strictly confidential. Please feel free to contact your school office for more information.

This form is to be completed by drivers of all vehicles used to transport students to official school activities and must be renewed each school year. The original will be filed in the school office.

Driver Last Name _____ Driver First Name _____ Parent Student SD63 Employee Other

If you checked Parent please provide name of your son/daughter _____

Address including Postal Code _____

Driver's Phone Numbers (List all) _____

Adult Drivers must have a valid Criminal Record Check on file with the School District.

DRIVER'S DECLARATION

ALL DRIVERS:

- I have attached a copy of my BC Driver's License.
- I have attached a copy of my Driver's Abstract.
- I have attached a copy of the vehicle registration and insurance documents for all vehicles used to transport students.
- The registered owner of the vehicle has given me permission to drive the vehicle for this purpose.
- The vehicle is insured for a MINIMUM of \$2,000,000 Third Party Legal Liability.
- If the vehicle is equipped with an airbag on the passenger side, then no student under 13 will travel in the front seat.
- I will ensure that a booster seat secured with a shoulder harness will be used when transporting students over 18kg (40 lbs) until their 9th birthday or they reach 145 cm (4'9") tall, whichever comes first. If a shoulder harness is not available students will be secured with a lap belt only (no booster).
- I will act in accordance with the BC Motor Vehicle Act in every way, including use of seat belts, safe operation of a vehicle, and adherence to the posted speed limits.

I hereby certify that the information given in this application and the documentation attached is correct, complete, and true in every respect. Further, I agree to inform the school administrator of any changes to the information contained in this application during the school year and to provide documentation for any additional vehicles to be used prior to transporting students.

Driver's signature: _____ Date: _____

ADDITIONAL FOR STUDENT DRIVERS:

- I will drive within the Capital Regional District ONLY.

PARENT STATEMENT: I approve of my son/daughter transporting students in his/her/my vehicle:

Parent signature: _____ Date: _____

For Office Use:

Insurance and Registration attached	Driver's Abstract attached
Driver's License attached	CRC on file

PRINCIPAL'S DECLARATION

I have reviewed this information and the attached documentation and I:

- Authorize OR DO NOT Authorize this applicant

Principal's Signature: _____ Date: _____