



## Application for Appointment by Principal to Provide Transportation for Students

At ARTHUR FORD School Date: \_\_\_\_\_

| Applicant's Information   |             |
|---|-------------|
| Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Surname: | First Name: |
| Miss <input type="checkbox"/> Ms. <input type="checkbox"/>          |             |
| Address:  |             |
| Telephone: Home   | -or- Work   |
| State your position (Teacher, Volunteer, or Other):                 |             |

Name of Your Automobile Insurance Company: \_\_\_\_\_

Company Agent or Address: \_\_\_\_\_

Insurance policy #: \_\_\_\_\_

Amount of liability coverage shown on the above policy: \$ \_\_\_\_\_

Expiry date of insurance policy (or renewal date): \_\_\_\_\_ Ontario driver's license #: \_\_\_\_\_

(The TVDSB & OSBIE recommend \$1 million liability insurance)

| Description of Vehicle You Plan To Use:                                  |       |        |
|--|-------|--------|
| <input type="checkbox"/> Owned<br><br><input type="checkbox"/> Not Owned | Make: | Model: |

**If the vehicle is not owned by you the following information is required:**

|   |            |
|---|------------|
| Owner's Name: Surname   | First name |
| Address:  |            |
| Telephone: (home)   | (work)     |
| I hereby give permission for the use of my vehicle to transport students: |            |
| Signature of Owner  |            |

### Statement of Applicant

I understand the Thames Valley District School Board Policy, Terms and Conditions, and my personal responsibility with regard to minimum liability insurance coverage on the vehicle described above which will be the vehicle I will drive when transporting students. I will serve as Driver to transport students (I have a valid license and insurance policy) and report to the Principal should there be any change in the above information provided. I am 18 years of age and will endeavour to ensure that student passengers in my care will conduct themselves in a safe, responsible manner. I will report promptly any misconduct, accident, or injury to the Principal's office.

Signature of Applicant \_\_\_\_\_ Principal's Approval \_\_\_\_\_



## FIELD TRIP VOLUNTEER APPLICATION FORM

All volunteer supervisors must complete a signed "Field Trip Volunteer Application Form" and submit it to the Principal for approval prior to participating in the trip. Volunteers are expected to know the details of the trip and their specific duties. They are expected to know and support the School Code of Conduct, to report any inappropriate student conduct, and to adhere to the trip schedule. Volunteers are expected to model appropriate behaviour and to refrain from smoking or using alcohol while supervising the students. In the event of illness, on the day of the trip, volunteers are asked to advise the school as early as possible.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to School (e.g., parent/guardian, community member): \_\_\_\_\_

Past School Involvement (where applicable): \_\_\_\_\_

I wish to volunteer to help supervise a specific field trip:      Yes          No   

Trip Destination and Date: \_\_\_\_\_

I wish to volunteer to help supervise field trips as requested by the Principal:      Yes          No   

I am familiar with the School Code of Conduct:      Yes          No   

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal's Approval

\_\_\_\_\_  
Date

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