WILLOWDALE CHRISTIAN SCHOOL

60 Hilda Avenue
Toronto, Ontario M2M 1V5
416-222-1711

2026/2027 AUTHORIZATION for VOLUNTEER DRIVERS

(To be signed by the owner of vehicle.)

This document will authorize _____
Name of Volunteer Driver
to transport students on school excursions during the current school year from September to June.

VEHICLE

Make & Model _____ **Year** _____

DRIVER'S LICENCE

Drivers Licence # _____ **Expiry Date** _____

INSURANCE - Complete the following or attach a copy of your insurance.

Insurance Company _____

Policy # _____ **Expiry Date** _____

Declaration - I declare that …

- I am 25 years of age or older.
- I hold a valid ONTARIO Driver's Licence - Class G2 (or higher).
- My vehicle is currently insured by a valid automobile liability insurance policy as required by the laws of Ontario, with at least $2 million personal liability coverage.
- The above-mentioned vehicle is mechanically fit and has the appropriate number of fully functioning seatbelts and/or booster seats (non-expired). (The *Ontario Highway Traffic Act* requires children weighing 40 – 80 lbs., standing less than 4 ft. 9 in., who are under the age of 8 years to use a booster seat or a forward-facing seat, if the car seat manufacturer recommends it.)
- I will immediately inform WCS in writing of any changes to my vehicle, licence, and/or insurance.
- **I have submitted to the school office a valid Vulnerable Sector Screening.**
- **I have thoroughly read the CHILD WELFARE POLICY on the WCS website.**
  https://www.willowdalechristianschool.org/wp-content/uploads/WCS-Child-Welfare-Policy.pdf

Driver: _____ Signature: _____
Print Full Name

Date: _____