



HIGHER CARE / EXTENDED FIELD TRIP VOLUNTEER CONSENT AND ACKNOWLEDGEMENT OF RISK FORM

School Name: _____

PROGRAM/ACTIVITY INFORMATION (Read attached Program/Activity Information prior to reading and completing this form)

Volunteer Name: _____ Phone Number: _____ E-mail: _____
 Program/Activity: _____ Date (s): _____ OR
 Series Of Off-Site Activities (Specify Program): _____
 Teacher-In -Charge: _____ Phone: _____ E-mail: _____

SUNRISE SCHOOL DIVISION EXPECTATIONS FOR VOLUNTEERS

- Volunteers are an important part of the leadership team for an off-site activity and are expected to:
- | | |
|--|---|
| a) Review and comply with relevant board policy. | e) Support and follow the school code of conduct. |
| b) Have qualifications appropriate for the off-site activity. | f) Report any inappropriate conduct to the teacher-in-charge. |
| c) Know the details of the off-site activity and their specific duties, responsibilities and authority prior to departure. | g) Adhere to the schedule or itinerary. |
| d) Exhibit positive behaviour and be an acceptable role model | h) Dress appropriately for the off-site activity. |

POTENTIAL KNOWN RISKS

Potential known risks include the following: Transportation _____, Activities _____, Other _____

CONSENT AND ACKNOWLEDGEMENT OF RISK

- Mode of Transportation: _____ By: _____
 Yes No OR
 I will provide my own transportation: Yes No OR
 I consent to the use of my vehicle for the transportation of students for this activity: Yes No
 If I will be transporting students in my vehicle, I have completed a Volunteer Driver Authorization Application form: Yes No
- I accept this mode of transportation for this activity:
- I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school or board.
- I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that I may suffer personal and potentially serious injury due to an unforeseeable event associated with my volunteer involvement.
- I agree to abide by the rules and regulations including directions and instructions from the school's/service provider's administrators and staff while volunteering in the program or activities.
- I acknowledge that it is my duty to advise the board of any medical/health concerns that may affect my participation.
- I acknowledge that the division may choose to cancel the trip if travel conditions are dangerous for whatever reason, deemed unsafe (e.g., weather, health issues). I accept that the board will not be liable for any costs associated with such a cancellation.
- I consent that the division, through its employees, agents, and officers may secure such medical advice and services as they deem necessary for my health and safety, and that I shall be financially responsible for such advice and services.
- I understand, acknowledge and consent to the above as described herein.

Date: _____ Name (Please print): _____ Signature: _____

FIELD TRIP/ACTIVITY EMERGENCY MEDICAL INFORMATION (Attach a separate page if more space is needed)

Volunteer Name: _____ Birth Date (optional): _____
 Manitoba Health Registration No. (6-digit) _____ Manitoba PHIN (9-digit): _____
 Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) (specify): _____
 Reaction to above _____ Carries Epi pen? Yes No Carries Ana Kit? Yes No
 Medical/Physical conditions that may affect participation in the program/activity (e.g., recent illness/injury, chronic conditions, phobias) _____
 Specify the condition(s) and requirements for program modification or specific activities you should not do: _____

Medication(s) taken (name, reason, dosage, storage, potential side effects/treatment of such): _____

Other Health/Medical/Dietary Concerns: _____

Emergency Contacts:

1) _____ Phone: (H) _____ (W) _____ (C) _____
 2) _____ Phone: (H) _____ (W) _____ (C) _____



VOLUNTEER DRIVER AUTHORIZATION APPLICATION

School Name _____

Driver's Name: _____	Phone Number: _____
Address: _____	E-mail: _____

Applications may be approved only when the driver possesses a valid, appropriate driver's license and is able to respond *No* to questions concerning convictions and suspensions over the last three years.

Driver's License Number: _____	Class: _____	Expiry Date: _____
Has your driver's license been suspended in the last three years?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide date of reinstatement: _____		
Have you been convicted of an offence under the Highway Traffic Act, or for any motor vehicle-related offence under the Criminal Code of Canada during the last three years? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, please identify the offence(s) here: _____		
Were you found responsible/partly responsible for any motor vehicle accident(s) over the last three years? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Insurance Related Considerations:

1. The Division requires that the vehicle owner maintain, at all times, valid automobile **Third Party Liability Insurance** as required under Manitoba legislation in respect of liability for injury or death of any students who are passengers in the vehicle the volunteer driver is operating.
2. In case of an insurance claim (i.e., third party damage and/or personal injury) the vehicle owner's automobile liability insurance applies **before** that of the school board.
3. Additional automobile liability insurance protection is provided under the school board's comprehensive general liability insurance policy for authorized drivers transporting students in privately-owned vehicles on an approved school activity. This insurance is **only** for an amount in excess of the limit of liability provided by the vehicle owner's liability insurance policy.
4. **Damage to any vehicle**, including the owner's, is the responsibility of the volunteer driver and not the school board.

Vehicle: _____ / _____ / _____
Make / Model / License Plate No. / Seating Capacity (Including Driver)
Owner's Name: _____
Owner's Address: _____
Owner's Phone: (H) _____ (W) _____ (C) _____
Insurance On Vehicle - Company: _____ Policy No.: _____

COMMITMENTS

By submitting this application to become a volunteer driver for the school board:

1. I undertake to ensure that the vehicle used to transport students is in safe operating condition.
2. I agree
 - a) to operate the automobile referred to herein in a safe manner
 - b) to abide by all applicable laws at all times while I am transporting students
 - c) to limit the number of passengers to the number of useable seat belts
 - d) to require proper use of occupant restraint systems (i.e., seatbelts, head restraints, airbags, seat position), and
 - e) to comply with the directions of teachers or agents of the school board.
3. I undertake to report to the school principal all accidents and any suspension of my license or change in my insurance status which may occur after the date of this authorization while it remains in force .
4. I undertake to maintain, at all times, appropriate personal liability and indemnity insurance.
5. I accept the foregoing undertakings and certify that the information contained in this application is correct to the best of my knowledge:

Signature of Driver: _____

Signature of Vehicle Owner: _____

Parent/Guardian (if driver is under 18 years of age): _____

FOR OFFICE USE ONLY

The above-named driver is authorized to assist the school during the current school year. The assistance is appreciated.

Signature of Principal/Designate: _____ Date: _____



VOLUNTEER DRIVER AUTHORIZATION APPLICATION

School Name

I, _____ have completed the Sunrise
(Print Name)
School Division Volunteer Driver's License and Vehicle Insurance Verification Form. It is my responsibility to inform the Sunrise School Division if the status of my Driver's License or Vehicle Insurance changes.

The Sunrise School Division assumes no liability if changes to the status of the above named person are not brought to the attention of the Sunrise School Division.

Signature

Date

Witness

Date