



## ST JOSEPH'S CATHOLIC SCHOOL

41A Calvert Road, New Plymouth 4310  
 Telephone/Facsimile (06) 758 0364  
 email: [admin@stjosephsnp.school.nz](mailto:admin@stjosephsnp.school.nz)  
[www.stjosephsnp.school.nz](http://www.stjosephsnp.school.nz)

### VOLUNTEER TRANSPORT AGREEMENT

EVENT:	
DRIVER - FULL NAME:	

I can provide transport for \_\_\_\_\_ students and will not exceed my vehicle's seating capacity.

I can confirm that my vehicle is registered, roadworthy and has a current warrant of fitness.

Vehicle Registration No:		Registration Expiry date:	
Warrant of Fitness:	Expiry Date:		
I hold a full car driver licence, which is current, for the vehicle I will be driving.			
License Number:		License Expiry:	

I will ensure that the students I am transporting:

- Get out of the car on the footpath side.
- Do not travel in the rear of a station wagon.
- Use the appropriate restraints (e.g, shoulder belt only).
- Use booster seats provided by their parents/caregivers, as appropriate

I understand that it is my responsibility to:

- Supervise the students until they re-join their group.
- Go to the arranged meeting points(s) on time.
- Not provide food to any of the students.
- Not smoke or use alcohol/illegal substances while in the car or supervising students.

I acknowledge that the above information is accurate.

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

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student's Name : \_\_\_\_\_

Classroom: \_\_\_\_\_

\*\*\*\*\*

*To be completed by school staff - one copy retained at school and one copy given to the driver*

Passengers:
