



Volunteer Driver Program Volunteer Driver Application

Date: _____

FCSS Office: _____

Contact Information

Name: _____

Sex: M / F

Age: _____

Address: _____

City: _____

Postal Code: _____

Email Address: _____

Home Phone: _____

Cell Phone: _____

Emergency Contact: _____

Phone: _____

Relationship: _____

Driving and Medical Information

This information is collected to allow the Volunteer Driver Program to assess a potential volunteer's suitability for the program and to provide the best and safest level of service possible. To view the Privacy Policy please ask.

Do you have any conditions attached to your driver's license? _____

Do you feel comfortable lifting a folding wheelchair or walker into your vehicle? Yes No

Have you had any driving convictions or accidents in the last 5 years? Yes No

If you answered yes to the above question, please explain: _____

Do you have any driving preferences (no driving on the Deerfoot, no driving at night, etc.)? _____

Do you have any medical conditions that may affect your ability to fulfill the duties of a volunteer driver (heart conditions, vision difficulties, etc)? _____

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Vehicle Information

Make: _____ Model: _____ Year: _____

Copy Insurance Policy Taken

Copy of Registration Taken

Can your vehicle accommodate a folding wheelchair or walker? Yes No

Can your vehicle accommodate a physically large passenger? Yes No

References

1) Name: _____ Relationship: _____

Telephone: _____

2) Name: _____ Relationship: _____

Telephone: _____

3) Name: _____ Relationship: _____

Telephone: _____

Comments (office use only):

Agreements

Confidentiality Agreement:

I, _____ have received a copy of the Volunteer Driver Program's Confidentiality Policy, and agree to abide by the policies listed therein.

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Application Checklist:

- Copy of Volunteer Driver job description given to volunteer
- Application complete (including signed confidentiality contact)
- Copy of Driver Handbook and Confidentiality Policy given to potential volunteer
- What to do in an Automobile Accident guide given to volunteer
- Release from last page of handbook signed and copy taken
- Copy insurance policy taken
- Copy of registration taken
- Drivers abstract received (max. of 3 demerit points) and receipt included for reimbursement
- Criminal record check received (including vulnerable persons sector)
- Photo copy of driver's license taken
- References Checked
- ID Badge created for volunteer

Records Checklist:

- Volunteer notified of results
- Volunteer entered in Volunteer Spreadsheet,
- Volunteer Record and Volunteer File created
- Review date, insurance and registration expiry dates entered on Important Dates Spreadsheet
- Cheque request submitted to reimburse for drivers abstract

Annual Review Date: _____