



Volunteer Driver Program Client 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: _____

Personal Information

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

Please describe your mobility: Completely Mobile Limited Mobility Wheelchair

Mobility Aids: Cane Folding Walker Non -Folding Walker Wheelchair Scooter

Do you need a companion to travel with you? Yes No

Do you require oxygen? Yes No

Do you have any medical conditions that may affect you while using the Volunteer Driver Program (heart conditions, vision difficulties, hearing problems, diabetes, etc)? _____

Do you have a handicapped placard? Yes / No **Number:** _____

Is there anything else your driver should be aware of? _____

Volunteer Driver Program Client Application

Agreements

Confidentiality Agreement:

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

Program Waiver:

I, _____ fully understand the risk associated with the *ASSIST* Volunteer Driver Program and riding in an unsupervised volunteer's personal vehicle. I agree that I will not hold the Volunteer Driver Program, CARTSS, *ASSIST*, or any FCSS staff member, program user, or volunteer responsible for any loss I should incur while using the services provided by the *ASSIST* Volunteer Driver Program.

Information Disclosure:

I, _____ state that I have provided the *ASSIST* Volunteer Driver Program with all information that may affect me while using the program, including (but not limited to) any medical conditions may affect me.

Signature

Date

Witness

Signature

Internal Use Only

Interviewer Notes:

Volunteer Driver Program Client Application

Application Checklist:

- Application complete (including contracts signed)
- Copy of Confidentiality Policy Handout given to client
- Copy of Client Handbook given to client
- Release from last page of handbook signed and copy taken
- Application for Disabled Parking Placard given to client

Record Checklist:

- Client entered in database
- Client file created