

Volunteer Driver Application

This application will be used to establish your eligibility as a volunteer for the Revelstoke Senior Citizens' Association, Volunteer Medical Transportation Program (VMTP). The information you provide helps us to assure you, this organization and the public that the highest standards of safety and accountability are maintained. We appreciate your cooperation and the interest in our Volunteer Medical Transportation Program. Please return your completed application to the Office, Monday-Friday 9am-4pm.

All applicants must read and sign.

Full name: _____

Address: _____

Phone: _____

Email: _____

Emergency Contact: _____

Phone: _____

Previous Volunteer Experience:

What languages do you speak? English___ Other_____

Do you have any health concerns that may affect your volunteer work? Yes ___ No___

If yes, please explain:

Reason for volunteering:

References:

Name: _____ Name: _____
Address: _____ Address: _____
Phone: _____ Phone: _____
Relationship: _____ Relationship: _____
Email: _____ Email: _____

Do you have a valid Drivers License? Yes___ No___

Do you have any objection to submitting a drivers abstract? Yes ___ No ___

Do you have valid BC Vehicle Insurance? Yes ___ No___

Do you have a pet that travels in your vehicle? Yes ___ No ___

I hereby declare that the information given by me in this volunteer application is true, correct and complete to the best of my knowledge.

While serving as a volunteer with the Revelstoke Senior Citizens' Association, I understand that all information regarding clients, volunteers, donors, staff or others involved (obtained in writing or in any other way) is to be held in the strictest of confidence.

I also understand that as a representative of this Association I will conduct myself in a lawful and respectful manner, ensuring the safety and dignity of the client.

I authorize contact of listed references.

I authorize the Volunteer Coordinator to conduct a Criminal Background check.

I understand that all services are on a "volunteer" basis, and I do not expect payment beyond compensation for fuel costs/wear and tear as outlined in the VMTP agreement.

I understand that I am volunteering at my own risk.

Signature: _____ Date: _____

For Office Use Only:

Interview Date: _____ **Interviewed By:** _____

Acceptance Date: _____ **RCMP Record Check:** _____

Orientation Date: _____

Copy of License:____ **Copy of Insurance:** ____ **Drivers Abstract:** ____

Comments: