



# Strathmore FCSS KARE Volunteer Driver Program Volunteer Driver Application

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

## 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 volunteers' suitability for the program and to provide the best and safest level of service possible. Please ask to view the Privacy Policy.

**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.)?**

\_\_\_\_\_  
\_\_\_\_\_



Strathmore FCSS KARE Volunteer Driver Program  
**Volunteer Driver Application**

**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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**Do you know of any reason your vehicle may not be suitable for this program (vehicle recalls, damage, and mechanical problems)?**

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The personal information being collected herein is collected under the authority of the Freedom of Information and Protection of Privacy (FOIP) Act, R.S.A. 2000 Chapter F-25; Section 33(c). If you have any questions regarding the collection and use of this information please contact the Town of Strathmore Records Officer.

Volunteer Driver Program  
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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):**

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**Agreements**

**Confidentiality and Application Agreement:**

I, \_\_\_\_\_ of the town of \_\_\_\_\_, have received, read and understood a copy of the Volunteer Driver Program's Confidentiality Contract, and agree to abide by the policies listed therein and I attest that all of the information I have provided herein is accurate and complete. I understand that acceptance into the program is entirely at the discretion of the FCSS Volunteer Driver Program Coordinator.

# Volunteer Driver Program Volunteer Driver Application

**Program Waiver:**

I, \_\_\_\_\_ of the town/Municipality of \_\_\_\_\_, agree that I will not hold the Strathmore FCSS KARE Volunteer Driver Program, the Town of Strathmore, its agents or assigns, any employee of the participating municipalities, program user, or volunteer responsible for any loss or liability I should incur while fulfilling my duties as a volunteer driver.

**Information Disclosure:**

I, \_\_\_\_\_ of the town / Municipality of \_\_\_\_\_, state that I have provided the Volunteer Driver Program with all information that may affect my ability to fulfill my duties as a volunteer driver, including (but not limited to) any applicable medical conditions, insurance considerations, etc. that may apply to or affect me.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Signature**

**Internal Use Only**

**Interviewer Notes:**

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## Volunteer Driver Program Volunteer Driver Application

### 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)
- 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

Annual Review Date: \_\_\_\_\_