

Volunteer Driver Program Took Kit Volunteer Driver Application Form

This application is used to establish your eligibility as a volunteer driver for [ABCD]. The information you provide helps us assure you, this organization, and the public that the highest standards of safety and accountability are maintained. We appreciate your cooperation and interest in our volunteer driver program. Return completed application to: [ABCD Volunteer Driver Coordinator [phone, e-mail]]

Name:	Phone:
Address:	Fax:
	E-Mail:
City / PC:	Cell:
Work Address:	Job Title:
Supervisor:	Wk. Phone:
Supervisor's phone:	Wk. E-mail:

Preferred method of communication:

- Home phone Cell E-mail
 Work phone

Best time to call: _____

Notify in case of emergency:

Name:	Phone:
Relationship to self:	Cell:
	Work phone:

How did you hear about the ABCD volunteer driver program?

Do you speak other languages other than English? If yes, which ones?

Do you have any previous volunteer driving experience? If yes, please describe.

Please list your hobbies, skill and special interests that may contribute to your role.

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Volunteer Driver Availability

Please check the boxes for the days of the week and times of day you are interested in driving.

Week Day	Morning	Afternoon	Evening	Flexible	Comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Most shifts will take two to four hours of your time. Your volunteer shift could include two one-way trips; one from the rider's residence to a destination, and a return trip. You are only required to give riders the ride(s) they originally scheduled.

How many trips per week are you willing to provide? _____ Hours per week? _____

Service Area

Which of the following communities are you willing to transport riders to / from?

- Edmonton Northwest
- Edmonton Southwest
- Edmonton Northeast
- Edmonton Southeast
- Edmonton North
- Edmonton South
- Others: (please list) _____

Would you be willing to drive outside of these boundaries occasionally? yes no

Driving Record

Do you have a current and valid Alberta Driver's License?

- Yes (please attach a copy of both sides)
- No

Driver's Licence Number: _____

Expiry Date: _____

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How long have you had a driver's license? Years: Months:
If licensed in Alberta for less than five years, list licenses previously issued: <i>License number / Province</i>
Are there any restriction on your driver's license? <i>If restricted, state type:</i>
Have you ever had your driver's license suspended, revoked, or refused? <input type="checkbox"/> Yes <i>If yes, please explain:</i> <input type="checkbox"/> No
Do you have a current and valid vehicle registration? <input type="checkbox"/> Yes (please attach a copy) <input type="checkbox"/> No
Name of your automobile insurance company: <i>Please attach a copy of your insurance.</i>
Has an insurance company ever refused, cancelled, non-renewed or given notice of intention to non-renew your automobile insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes, cancelled <input type="checkbox"/> Yes, non-renewal <input type="checkbox"/> Yes, refused <i>If yes, please explain and list company, agent name and phone:</i> <i>Date: Reason:</i>

Have you been convicted during the last 10 years of driving while intoxicated or under the influence of drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain (date, charge, jurisdiction)</i>
Have you had any traffic violations in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please give full details, including dates</i>

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Have you had any type of motor vehicle accident in the last 5 years?

- Yes
 No

If yes, please describe fault, date, damage to vehicle, property, injury, etc.

For drivers

This application warrants a criminal record check and a vulnerable sector check, and a verification of my motor vehicle record as authorized by my signature below.

Access to driving record [or a person could provide their own abstract]

My signature below authorizes [ABCD] to obtain, at its sole discretion, my employment and non-employment driving record, including all actions that have taken place regarding the driver's license I now hold, have held, or in the future may obtain.

Criminal Record Check

My signature also authorizes [ABCD] to conduct a criminal record check including a vulnerable sector check.

I further agree to any other conditions described herein. This release continues in effect as long as I continue to serve [ABCD] as a volunteer driver.

Signature:

Date:

Thank you for your interest in being a volunteer driver for [ABCD]. We will respond to your application within a week. Applications that are accepted lead to an interview which will be scheduled at your convenience.