



# Bow Valley 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 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.)?**

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



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**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, 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 Canmore Records Officer.

Volunteer Driver Program  
Volunteer Driver Application

**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 Policy, 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.

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**Program Waiver:**

I, \_\_\_\_\_ of the town of \_\_\_\_\_, agree that I will not hold the Volunteer Driver Program, The Town of Canmore, its agents or assigns, any FCSS staff member, 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 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) 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: \_\_\_\_\_