CARE Transit

Box 454 Hope, B.C. V0X 1L0 Phone: 604 869 3396 Fax: 604 869 9043

Email: info@caretransit.ca

VOLUNTEER DRIVER APPLICATION FORM

Date:	Last Name:		First Name	e	
Date of Birth		Gender			
_	Street	City	F	Prov Postal Code	
Buzzer Code (for those	in an apartment)				
Mailing Address: (if di	fferent from above)				
Street	City		Prov	Postal Code	
Phone: (Home)	(Fax)		_ (Cell)		
	ommunication			□Fax	
Driving License #		Expiry Da	te		
How long have you be	een driving	years	mo	onths	
			Full Time/Part Time (If yes please circle one)		
If yes, what is your oc	cupation?				
	oyment				
	ve you done in the past				
EMERGENCY CON	TACT PERSON (S)				
	City				
	Work			1	
Relationship:					
Last Name:		First Name			
	City				
	Work				

Please answer the following questions:

What is the license plate number of the vehicle you will be using?
Do you have any restrictions on your license? If so please explain.
Have you ever had your driver's license suspended, revoked or refused?
Have you ever done any volunteer work? If so with whom and what did you do?
What experience personal or professional have you had with seniors, youth or children, (i.e caring for an elderly relative)?
It is known that people get involved with volunteer work for four basic reasons: Social—to be with others Emotional—to give to others Intellectual—to learn more Spiritual—to enhance & share with other What led you to consider applying to be a volunteer with this Program?
Do you feel comfortable working with and helping people of different ages, ethnic or cultura backgrounds? Explain.
What are your special hobbies, skills, and/or interests?
What are your expectations of the <i>Hope & Area Volunteer Transportation Program?</i>

What expe		would y	ou have o	of the <i>Hop</i>	e & Area Volur	nteer Transportatio	on Program	
How did yo	ou hear a	bout the	Hope & Ai	rea Volunte	eer Transportatio	on Program?		
week and I day (i.e. 9	nours. F am – 1 p	or the letor and 3	ft main bo pm – 6 pm	x, there ma m on certain	ay be 2 different	se be specific with times you are avai right main box ind ach day.	ilable in the	
	From	Until	From	Until	Availability outside the stated hours on the left			
Monday					On request	Emergency only	Not available	
Tuesday			↓		On request	Emergency only	Not available	
Wednesday					On request	Emergency only	Not available	
Thursday					On request	Emergency only	Not available	
Friday			↓		On request	Emergency only	Not available	
Saturday			↓		On request	Emergency only	Not available	
Sunday					On request	Emergency only	Not available	
☐ Ava	des:□Ev	or last min very availab vice a mon	ole day	∏Few da	ays a week a month	☐ Once a week		
REFEREN Name:Address: Relationshi								
Name: Address:					Phone:			
Name: Address: _					Phone:			

	nfidential Information order to provide a safe and secure environment for children and other vulnerable	2 n 20	nla wa	haliava	
it is kee req	recessary to include the following questions as part of our application process p all information strictly confidential. (Police may access this information, unduested). Answering yes to any of the questions may not preclude your involvenant you for your understanding.	. The er wa	Progra rrant, i	ım will f	
	Are there circumstances or traits in your lifestyle or background that would call into question your ability to work with children, youth or other vulnerable people?		Yes		No
	Have you ever been arrested or convicted for the use or sale of drugs?		Yes		No
	Have you ever been convicted of a criminal offense?		Yes		No
	☐ Do you have any pending criminal charges or convictions?		Yes		No
	abuse-related crimes?		Yes		No
	Do you have any health concerns of which we should be aware?		Yes		No
	Have you ever been convicted of:		Yes		No
	☐ A felony involving a vehicle?		Yes		No
	Reckless driving, driving while intoxicated, driving under the influence	₩:	Yes		No
	☐ Driving without insurance?		1 03		110
	☐ In the last 5 years, have you ever been charged with two or more moving violations or "at fault" accidents?		Yes		No
Ify	ou have answered yes to any of the above questions, please explain on sepa	rate p	oaper.		
and dec	nderstand that the CARE Transit will complete a minimum of 2 reference check minal record check and I must also supply an annual driver's abstract, a copy of vehicle insurance at each renewal date. If the results are not satisfactory, I und lined a position with this program. I hereby declare that all the above statementhe best of my knowledge and I agree to be a volunteer for the Transportation Program.	my of derstats ts are	driver's and that true an	license I may be	
VO	LUNTEER APPLICANT SIGNATURE PRINT NA	ME			
cri	ter an interview has been conducted you will be required to provide a dri minal record check from the local police department. You will also be as scription and Contract that outline duties, expectations and support.				on
	ank you for considering CARE Transit, we appreciate your interest. Plea impleted form via any of the methods noted on the front page to:	se se	nd this	;	

CARE Transit Transportation Coordinator Box 998, Hope, B.C. V0X 1L0