VOLUNTEER REQUIREMENTS:

Hope CARE Transit Society

Box 1265 Hope, B.C. V0X 1L0 Phone: 604 869 3396 Email: info@caretransit.ca

- a) Fulfill the application requirements:
 - 1. Read the materials provided
 - 2. Complete an application form.
 - 3. Attend an interview
 - 4. Submit a Criminal Record and minimum of two (2) Reference Checks.
 - 5. Provide a personal driving abstract.
 - 6. Supply copy of vehicle insurance.
 - 7. Sign a Position Description & Contract that includes a confidentiality clause.
 - 8. Participate in training as outlined by the Program Coordinator.
- b) Attend professional development meetings as scheduled.
- c) Perform duties as outlined in a Position Description and Policies & Procedures.
- d) Utilize empathic communication skills in an open and genuine manner.
- e) Maintain strict confidentiality at all times.
- f) Arrange a mutually convenient day(s) and time(s) for volunteer driver service.
- g) Adhere to the arranged client and volunteer driver arrangements.
- h) Arrive and leave at designated times.
- i) Report any client concerns, observations, and/or changes to the Program Coordinator after your scheduled ride.
- j) Work under the direction of the Program Coordinator and/or their designate.

Core Qualifications for Volunteers

- a. Relates well to seniors, patient, empathetic, good listener
- b. Enjoys driving and spending time with seniors, youth or people with special needs
- c. Would not be a known risk to vulnerable seniors in an isolated setting
- d. Punctual, reliable and trustworthy
- e. Willing to escort door to door and to assist clients within the boundaries of the position
- f. Knowledge of driving area, able to navigate to locations
- g. A valid BC driver's license and a safe driving record
- h. Access to a vehicle that is roadworthy, reliable and suitable for client needs
- i. No health conditions that may impair ability to drive safely (vision, hearing, perception, reflexes)
- j. Good judgment; able to gauge client and driving conditions
- k. Physically able to offer support to frail clients

HOPE CARE TRANSIT SOCIETY

Date:	Last Name: _			First Name	
Date of Birth		_ Ge	nder		
Residential Address:					
residential 7 radioss.	Street	City	/	Pro	ov Postal Code
Buzzer Code (for those in	an apartment)				
Mailing Address: (if diffe	rent from above)				
Street	City			Prov	Postal Code
Phone: (Home)	(Fax) _		(Cell)	
Email address (if any) _					
Preferred method of con				□ Email	□ Fax
Driving License #		Ex	piry Date		
How long have you been	n driving	vears	.	mor	nths
Are you currently emplo					
If yes, what is your occu	pation?				
Address of your Employ					
What type of work have	you done in the pa	St?			
EMERGENCY CONT	ACT PERSON (S)			
Last Name:	`	·	e		
Address:					
Home Phone:					
Relationship:					
Last Name:		_ First Nam	e		
Address:	Cit	у	F	Prov	Code
Home Phone:	Wo	ork Phone		Cell	
Relationship:					

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 y	ou expec	etations of A	Hope Care	Transit	Socie	ty?			
What exped	ctations	would you	have of the	Hope Co	are T	ransit Socie	ty Program (Coordin	ator?
How did yo	ou hear a	bout <i>Hope</i>	Care Tran	esit Socie	ety?				
week and h (i.e. 9 am -	ours. For a not	or the left rand 3 pm — available	nain box, the form on control on the	nere may ertain day r stated t	be 2 ys. Fo	different tim	se be specific les you are av nain box indi	ailable	in the day
	From	Until	From	Until	Av	ailability outs	ide stated hour	s at left	
Monday						On request	Emergency		Not available
Tuesday						On request	Emergency	-	Not available
Wednesday						On request	Emergency	•	Not available
Thursday						On request	Emergency		Not available
Friday						On request	Emergency	•	Not available
Saturday						On request	Emergency	-	Not available
Sunday						On request	Emergency	only	Not available
☐ Ava	des: 🔲 1	or last minu Every availab Twice a mon	ole day	☐ Few o	•		☐ Once a wee	k	
REFEREN		i wice a mon			a moi	IUII			
Name:									
Name:				Phone:					
Name:				Phone:					

Driver Details Sheet (Confidential)

Driver's Name	Date
Vehicle details	
Make	
Model	Year
Colour	License Plate #
Smoking:	☐ Smoking allowed in the car
Maximum number of passengers	
Seating:	ormal Seats
Transport Capacities (tick all those your vehic	cle can accommodate)
Entrance assistance: Cannot assist Al	ble to assist Can transfer from wheelchair
Crutches: \square None \square Cr	utches
Walker: \square None \square Small folding	☐ Folding with seat ☐ Non-folding
Wheelchair: ☐ None ☐ Folding	☐ Non-folding ☐ Electric
Oxygen:	
Transportation Preferences (tick one box in e	ach line)
Gender: ☐ Only Male ☐ Prefers male ☐	Either
Children $(0 - 12 \text{ yrs})$:	Prefers not
Youth $(13 - 17 \text{yrs})$:	Prefers not
Adults $(18 - 64 \text{yrs})$:	Prefers not
Seniors (65+) ☐ Yes ☐	Prefers not No
Your Medical Conditions (if any)	

Confidential Information

In order to provide a safe and secure environment for children and other vulnerable people, we believe it is necessary to include the following questions as part of our application process. The Program will keep all information strictly confidential. (Police may access this information, under warrant, if requested). Answering yes to any of the questions may not preclude your involvement in the program. Thank you for your understanding.

Are there circumstances or traits in your lifestyle or		Yes	No
background that would call into question your ability			
to work with children, youth or other vulnerable people?			
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
Have you ever been accused, arrested or convicted for any			
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:			
□ A felony involving a vehicle?		Yes	No
Reckless driving, driving while intoxicated, driving under the influence.	? □	Yes	No
□ Driving without insurance?		Yes	No
☐ In the last 5 years, have you ever been charged with			
2 or more moving violations or "at fault" accidents?		Yes	No

If you have answered yes to any of the above questions, please explain on separate paper.

I understand that the CARE Transit will complete a minimum of 2 reference checks. I must undergo a criminal record check and I must also supply an annual driver's abstract, a copy of my driver's license and vehicle insurance at each renewal date. If the results are not satisfactory, I understand that I may be declined a position with this program. I hereby declare that all the above statements are true and correct to the best of my knowledge and I agree to be a volunteer for the Transportation Program.

VOLUNTEER APPLICANT _			
	SIGNATURE	PRINT NAME	

Once approved as a volunteer will be asked to sign a Position Description and Contract that outline duties, expectations and support.

Thank you for considering CARE Transit, we appreciate your interest.

Please return this completed form to our Care Transit office at:

425 Wallace Street, Hope, BC 604-869-3396

<u>Privacy:</u> We will never provide your personal information to any third party without your prior written approval.