

## **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 \_\_\_\_\_ Gender \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
Street City Prov Postal Code  
Buzzer Code (for those in an apartment) \_\_\_\_\_

Mailing Address: (if different from above)  
\_\_\_\_\_  
Street City Prov Postal Code

Phone: (Home) \_\_\_\_\_ (Fax) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Email address (if any) \_\_\_\_\_  
Preferred method of communication  Home phone  Cell  Email  Fax

Driving License # \_\_\_\_\_ Expiry Date \_\_\_\_\_

How long have you been driving \_\_\_\_\_ years \_\_\_\_\_ months

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No Full Time/Part Time  
(If yes please circle one)

If yes, what is your occupation? \_\_\_\_\_

Address of your Employment \_\_\_\_\_

What type of work have you done in the past? \_\_\_\_\_

\_\_\_\_\_

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**EMERGENCY CONTACT PERSON (S)**

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_ Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Relationship: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_ Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Relationship: \_\_\_\_\_

# VOLUNTEER DRIVER APPLICATION FORM

**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. \_\_\_\_\_

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Have you ever had your driver's license suspended, revoked or refused? \_\_\_\_\_  
If yes please explain. \_\_\_\_\_

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Have you ever done any volunteer work? If so with whom and what did you do?

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What experience personal or professional have you had with seniors, youth or children, (i.e. caring for an elderly relative)?

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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?

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Do you feel comfortable working with and helping people of different ages, ethnic or cultural backgrounds? Explain.

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What are your special hobbies, skills, and/or interests?

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# VOLUNTEER DRIVER APPLICATION FORM

What are your expectations of *Hope Care Transit Society*?

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What expectations would you have of the *Hope Care Transit Society Program Coordinator*?

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How did you hear about *Hope Care Transit Society*?

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What day(s), time(s) are you available for volunteer work? Please be specific with day (s) of week and hours. For the left main box, there may be 2 different times you are available in the day (i.e. 9 am – 1 pm and 3 pm – 6 pm on certain days. For the right main box indicate with a check mark if you may be available outside your stated times for each day.

	From	Until		From	Until	Availability outside stated hours at left					
Monday						<input type="checkbox"/>	On request	<input type="checkbox"/>	Emergency only	<input type="checkbox"/>	Not available
Tuesday						<input type="checkbox"/>	On request	<input type="checkbox"/>	Emergency only	<input type="checkbox"/>	Not available
Wednesday						<input type="checkbox"/>	On request	<input type="checkbox"/>	Emergency only	<input type="checkbox"/>	Not available
Thursday						<input type="checkbox"/>	On request	<input type="checkbox"/>	Emergency only	<input type="checkbox"/>	Not available
Friday						<input type="checkbox"/>	On request	<input type="checkbox"/>	Emergency only	<input type="checkbox"/>	Not available
Saturday						<input type="checkbox"/>	On request	<input type="checkbox"/>	Emergency only	<input type="checkbox"/>	Not available
Sunday						<input type="checkbox"/>	On request	<input type="checkbox"/>	Emergency only	<input type="checkbox"/>	Not available

Available for last minute calls

Request Rides:  Every available day       Few days a week       Once a week  
 Twice a month       Once a month

## REFERENCES

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

**VOLUNTEER DRIVER APPLICATION FORM**

**Driver Details Sheet  
(Confidential)**

Driver's Name \_\_\_\_\_

Date \_\_\_\_\_

**Vehicle details**

Make \_\_\_\_\_

Model \_\_\_\_\_

Year \_\_\_\_\_

Colour \_\_\_\_\_

License Plate # \_\_\_\_\_

Smoking:             No smoking in the car         Smoking allowed in the car

Maximum number of passengers \_\_\_\_\_

Seating:             Low seats                     Normal Seats             High seats

**Transport Capacities** (*tick all those your vehicle can accommodate*)

Entrance assistance:  Cannot assist         Able to assist         Can transfer from wheelchair

Crutches:             None                         Crutches

Walker:             None         Small folding         Folding with seat         Non-folding

Wheelchair:  None         Folding                     Non-folding                     Electric

Oxygen:             None         Oxygen

**Transportation Preferences** (*tick one box in each line*)

Gender:             Only Male     Prefers male     Either     Prefers female     Only Female

Children (0 – 12 yrs):     Yes                     Prefers not                     No

Youth (13 – 17yrs):         Yes                     Prefers not                     No

Adults (18 – 64yrs):         Yes                     Prefers not                     No

Seniors (65+)                 Yes                     Prefers not                     No

**Your Medical Conditions** (*if any*)

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