

CARE Transit

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Email: info@caretransit.org

VOLUNTEER DRIVER APPLICATION FORM

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? _____

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: _____

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? _____

If yes please explain. _____

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 cultural backgrounds? Explain.

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

What are your expectations of the *Hope & Area Volunteer Transportation Program*?

What expectations would you have of the *Hope & Area Volunteer Transportation Program* Coordinator?

How did you hear about the *Hope & Area Volunteer Transportation Program*?

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 the stated hours on the left		
						On request	Emergency only	Not available
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

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: _____

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