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PERSONAL INFORMATION:

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

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Email Address: \_\_\_\_\_

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

Primary Language: \_\_\_\_\_

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EMERGENCY CONTACTS:

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

Email Address: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

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## 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?

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Do you feel comfortable lifting a folding wheelchair or walker into your vehicle?	Yes	No
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Have you had any driving convictions or accidents in the last 5 years?	Yes	No
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If you answered yes to the above question, please explain:

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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, and mechanical problems)?

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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

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REFERENCES

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

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**Comments (office use only):**

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CONFIDENTIALITY AND APPLICATION AGREEMENT

I, \_\_\_\_\_ of the town of \_\_\_\_\_, have received, read and understood a copy of the Volunteer Driver Program's Confidentiality Contract, 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.

**Program Waiver:**

I, \_\_\_\_\_ of the town/Municipality of \_\_\_\_\_, agree that I will not hold the Strathmore FCSS KARE Volunteer Driver Program, the Town of Strathmore, its agents or assigns, any employee of the participating municipalities, 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 / Municipality 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.

\_\_\_\_\_  
**Driver Name**

\_\_\_\_\_  
**Date (DD/MM/YYYY)**

\_\_\_\_\_  
**Driver Signature**

\_\_\_\_\_  
**Witness Name**

\_\_\_\_\_  
**Date (DD/MM/YYYY)**

\_\_\_\_\_  
**Witness Signature**