

# SCCR VOLUNTEER DRIVER APPLICATION

NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ WORK # \_\_\_\_\_ CELL # \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

COMMUNITY VOLUNTEERING TO DRIVE FOR \_\_\_\_\_

TIMES & DAYS OF THE WEEK AVAILABLE \_\_\_\_\_

I WILL TRAVEL TO: BTHC \_\_\_\_\_ BRANDON \_\_\_\_\_ WINNIPEG \_\_\_\_\_

BTHC ONLY \_\_\_\_\_ IN SUMMER & WINTER \_\_\_\_\_

IN SUMMER ONLY \_\_\_\_\_ IN WINTER ONLY \_\_\_\_\_

COMMENTS: \_\_\_\_\_

I understand I will pick up and return individual/individuals to their home for the community for which I am driving.

I agree to carry insurance coverage through Manitoba Public Insurance Corporation in my vehicle and will forward a copy of my license and registration yearly in January.

I agree if at anytime I feel due to certain conditions, weather etc. that I may be putting my safety or the safety of others at risk, I will not proceed.

Any concerns I have that have arisen from individual/individuals I am driving I will share in confidence with the Resource Coordinator of South Central Cancer Resource.

I authorize SCCR to obtain a Criminal Record Check and Child Abuse Registry check (if applicable) regarding me.

I will respect the individual/individuals rights. All information regarding same will be kept in confidence.

NAME \_\_\_\_\_ DATE \_\_\_\_\_