

What type of volunteer position would you like to have?

How many hours a week are you available to volunteer?

Preferred days: _____ Preferred hours: _____

Are you available to transport clients: _____yes _____no

If yes: Do you have a valid driver's license? _____yes _____no

Expiry date _____

It is the responsibility of the volunteer driver to maintain adequate insurance coverage. You must inform your insurance company of your intention to use your own vehicle while acting as a volunteer driver. You must report immediately to the Family and Community Support Services Coordinator any accident, license suspension or cancellation of insurance coverage.

It is the responsibility of the volunteer drivers to ensure that all passengers wear seat belts.

REFERENCES:

Please provide two character references from people who are not family members.

NAME: _____

ADDRESS: _____

PHONE #: _____

NAME: _____

ADDRESS: _____

PHONE #: _____

Signature of Applicant: _____ Date: _____

Signature of Interviewer: _____ Date: _____

OFFICE USE ONLY

CHECK LIST		DATE
Interview Done	<input type="radio"/>	
References checked	<input type="radio"/>	
Security check approved	<input type="radio"/>	
Driver liability information	<input type="radio"/>	

Photograph Consent Form

“I hereby consent to the use of and grant to the Town of Okotoks the right to use photographs of myself, for the purposes of promoting the Town of Okotoks Volunteer Services Program and any Cultural & Historical program. I grant consent to Section 17 (2)(a) of the Freedom of Information and Protection of Privacy Act. I understand no other personal information about me will be released by the Town of Okotoks without my permission.”

Surname

First Name

Signature

Date