



VOLUNTEER APPLICATION FORM

SENIOR SUPPORT SERVICE - CPHC



TO BE COMPLETED IF INTERESTED IN VOLUNTEERING FOR TRANSPORTATION/MEALS ON WHEELS :

Would you be willing to do regular scheduled drives: YES NO

What days would you be regularly available to drive: _____

Type of Vehicle Available: _____

How many times per month would you be prepared to drive: _____

Do you prefer to do only medical drives : YES NO

Do you smoke: YES NO

(If Yes would you be willing to refrain from smoking while carrying out your duties as a volunteer driver: YES NO

Are you willing to drive: Local Long Distance: _____

Do you have a valid driver's license? YES NO

We request that our Volunteer Drivers carry a minimum of \$2,000,000 Third Party Liability Insurance.

Do you currently have \$2,000,000 Third Party Liability? YES NO Policy #: _____

Liability Insurance Company: _____

Broker/Agent Name: _____ Telephone: _____

Mailing Address: _____ Fax: _____

NOTE: VOLUNTEER DRIVERS MUST NOTIFY THEIR INSURANCE COMPANY ANNUALLY THAT THEY ARE CONTINUING TO DO VOLUNTEER DRIVES WITH CPHC

OFFICE USE ONLY

Intake to Central intake: _____ Input into Nesda _____ cc: _____

Date Staff Name Department Initial

Note: _____