





# VOLUNTEER APPLICATION FORM

## SENIOR SUPPORT SERVICE - CPHC



**TO BE COMPLETED IF INTERESTED IN VOLUNTEERING FOR TRANSPORTATION:**

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: \_\_\_\_\_