

FRONTENAC TRANSPORTATION SERVICES

VOLUNTEER APPLICATION FORM

DATE: _____

NAME: _____
(Family Name) (Given Names)

ADDRESS: _____

TELEPHONE: (Home) _____ (Cell) _____

E-MAIL: _____

BEST TIME TO CONTACT: _____

PARTNER'S NAME: _____

CHILDREN: _____

EDUCATION: _____

WORK EXPERIENCE:

HOBBIES AND RECREATIONAL ACTIVITIES: _____

AFFILIATION WITH COMMUNITY GROUPS (CHURCHES, SERVICE ORGANIZATIONS, ETC.):

PREVIOUS VOLUNTEER EXPERIENCE: _____

WHY DO YOU WISH TO VOLUNTEER WITH THIS AGENCY? _____

PREFERRED TIME TO DRIVE: Days _____ Evenings _____ Weekends _____

DO YOU HAVE A VALID ONTARIO DRIVER'S LICENSE? _____
(Please include a photocopy of your driver's license)

VEHICLE INFORMATION:

Make and Model: _____

2 or 4 door: _____

Year _____

Kilometers _____

Carrying Capacity _____

INSURANCE INFORMATION:

(Please include a photocopy of your insurance information)

Broker: _____

Company: _____

Amount of Liability Coverage: _____

DATE OF LAST PHYSICAL EXAM BY PHYSICIAN: _____

ANY MEDICAL ISSUES: _____

MEDICATION: _____

REFERENCES:

Please list the names and addresses of three individuals (who have known you for at least two years) that we may contact as references. These may be friends, business associates or social contacts, but not relatives.

| | | |
|------|---------------------------------|-------|
| Name | Mailing Address (& postal code) | Phone |
|------|---------------------------------|-------|

| | | |
|------|---------------------------------|-------|
| Name | Mailing Address (& postal code) | Phone |
|------|---------------------------------|-------|

| | | |
|------|---------------------------------|-------|
| Name | Mailing Address (& postal code) | Phone |
|------|---------------------------------|-------|

POLICE CHECK:

A Form is provided with this application for you to obtain a police check, which is required by Rural Frontenac Community Services and Frontenac Transportation Services, in order to participate in our Volunteer Driver Program. Please take it to the Sharbot Lake or Hartington Detachment to have it processed. They will let you know how long it will take to process, at which time, you will be able to pick it up and bring it back to our office for our records. There will be no charge for this service.

DRIVER'S RECORD CHECK:

I hereby give permission for Frontenac Transportation Services to complete a Driver Record Search on my behalf. Any charge for this search will be paid for by Frontenac Transportation.

Date

Signature

Driver's License Number: _____

Thank you for your interest in Frontenac Transportation Services.