Kina Gbezhgomi Child and Family Services
Volunteer Driver Application Form

Name: _______________________________
Address: ____________________________

Phone Contact: ______________________ Email: ________________________________

**Driver’s License and Insurance Information:**

Licence Class (Minimum Class G): ________________________________
Driver’s License #: ___________________________________________
Expiration Date: _____________________________________________
Number of years of driving: _____________________________________
List License Limitations: _______________________________________

**Automobile Insurance Information:**

Insurance Company: ___________________________________________
Policy #: _____________________________________________________
Expiration Date: _____________________________________________
Limit for Bodily Injury: _________________________________________
Limit for Property Damage: _____________________________________
Ontario Policy Change Form (OPCF): ______________________________

**If you answer yes to any of the questions below, please explain in the space provided:**

1. Have you ever been refused automobile insurance? YES NO
   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________

2. Has your license ever been suspended, revoked, or cancelled? YES NO
   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________

Volunteer Driver Application Form

Page | 1
3. Have you ever been denied a license to operate a vehicle? YES NO

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

4. Have you ever been convicted of a criminal offence involving operation of a vehicle, fraud, violence, abuse, weapons, alcohol or drugs? YES NO

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

5. What type of vehicle will you drive in this volunteer work? (Include Year, Make, Model of vehicle)

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

6. Have you ever attended a safety driving course? If yes, who delivered the course and who sponsored the program? YES NO

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

7. Do you have First Aid, CPR, or medical emergency training? If yes, when and who sponsored the program? YES NO

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

8. Approximately how many kilometers have you driven per year over the past five years?

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
9. Have you ever been involved in a traffic accident in the past five years? If yes, please provide the approximate date, the nature of the accident(s), whether you were at fault of the charged accident, and whether anyone was injured or killed.

YES  NO

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

10. Are you aware of any health conditions that may affect your vision, hearing, perception, reflexes, flexibility, or judgement? If yes, please describe.

YES  NO

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

11. Are you physically and emotionally capable of meeting our client’s needs?

YES  NO

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

12. Please provide three (3) references who are familiar with your driving ability and skill.

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

_I give the Kina Gbezhgomi Child and Family Services permission to collect information regarding my qualifications, relevant to the position of volunteer driver and to update this information as needed. I hereby certify that the above information is true and complete._

Applicant Signature: ___________________________  Date: _________________________

Witness Name/Signature (Print Name/Sign): ________________________________

*Note: Please attached copy of Driver’s License, Driver’s Abstract, and Insurance Slip.