

VOLUNTEER DRIVER APPLICATION FORM



TRANSCONA COUNCIL
FOR SENIORS
Email: tcs@mymts.net

Colleen Tackaberry
Seniors Resource Coordinator
204-222-9879

1. Personal Information

Name: _____
 Mr. Mrs. Ms. First Name Last Name

Address: _____ Postal Code: _____

Phone Number: _____ Cell: _____

Email: _____

Best Time to Contact: Morning Afternoon Evening
 Answering Machine: Yes No

Make, Model and Year of Vehicle _____

Is your vehicle a van? Yes No Is your vehicle a mini-van? Yes No

Have you been involved in a car accident in the last five years? Yes No

Please indicate the days of the week and the hours you are available:

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------|--------|---------|-----------|----------|--------|
| Morning | | | | | |
| Mid-Day | | | | | |
| Afternoon | | | | | |

Any other times? _____

How many shifts would you like per week? _____

How long would you like your commitment to be? (Please check one)

6 months 1 year Ongoing Other

Date submitted: _____