What is the Volunteer Driver Program?

The Volunteer Driver Program is a supportive program for Okotoks residents (18+) and/or minor children accompanied by an adult who require assistance with transportation.

Drivers provide safe, free and reliable transportation for residents who would otherwise struggle to meet this need.

How do you access the Program?

All drive requests are managed through the Okotoks Family Resource Centre. Contact the Centre at **403-995-2626** to discuss your needs and learn more about the program.

Minimum of 1 week notice is required in order to communicate needs to the pool of volunteer drivers.

Please be aware that although we do our best to fill all trip requests, the program does rely on the availability of our volunteers. If your trip is not filled, you will be notified and other options will be discussed with you.

We look forward to helping you with your transportation needs!





Okotoks Family Resource Centre

11 Cimarron Common
Okotoks, AB
T1S 2E9

Ph: 403-995-2626

Email: familyresources@okotoks.ca

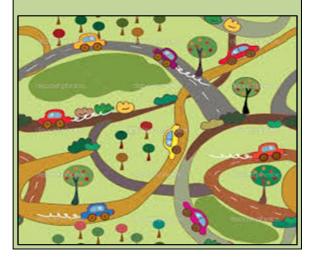
Volunteer Driver Program

Client Application

Purpose:

To increase the quality of life for residents by providing a reliable and supportive transportation option to appointments

To provide a meaningful volunteer experience for local residents



Are you interested in learning more about any other programs or services? Please specify:			
	Community Access Program (CAP)		
	Cancer Society Volunteer Driver Program		
	Meals on Wheels		
	Counseling		
	Food Bank Support		
	Volunteering		
	Home Care Services		
	Okotoks & District Seniors Club		
	Government Programs/ Pensions		
	Housing Options		
	Recreation Fee Assistance		
	Other:		

The information I have provided is complete and true. I will inform program staff of changes including my address, health or mobility that may impact my involvement in the program.

I understand that volunteers freely contribute their time and vehicle, they are not professional drivers and they are not able to provide physical and/or medical assistance to Volunteer Driver Program clients.

Client Signature

Date

Last Name:	First Name:	Initial:		
Full Residential Address:	Postal Code:			
Phone (Home)	Phone (Cell)			
Alternate (emergency) Contact:	Alternate Contact Phone Number:			
May we contact you via email about other resource centre updates and community programs for families? (You can unsubscribe at any time) YES NO Email Address:				
Requirements:		Initial for YES		
I am a resident of Okotoks.				
I am able to independently get myself from car and from the car to the appointment.				
I am able to contact the Okotoks Family R the event the appointment is cancelled/de something unexpected happens during the				
I am able to sit in a vehicle for the duration				
I understand I may be required to have a com trips where medical procedures/appointments vision, thinking and/or ability to stand and wal				
For safety purposes, please let us know: 1. Do you have an existing condition that require you to need additional support epilepsy,etc?). If Yes, please explain	Yes / no			
2. Do you use a mobility device (walker, cane, scooter?)		Yes / no		
Date of Drive Request: Des				
Appointment Time: Approximate Appt. Duration:				
Specific Instructions?				

"The personal information on this form is being collected under the authority of section 33 c of the Freedom of Information and Protection of Privacy Act (FOIP) and will be used for the administration of the Volunteer Driver Program. Should you have any questions regarding the collection and use of your personal information, contact the FOIP Co-ordinator at foip@okotoks.ca or 403-938-8944."