

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 my home to the car and from the car to the appointment.		_____	
I am able to contact the Okotoks Family Resource Centre in the event the appointment is cancelled/delayed and/or something unexpected happens during the appointment.		_____	
I am able to sit in a vehicle for the duration of my trips.		_____	
I understand I may be required to have a companion with me for trips where medical procedures/appointments may impact my vision, thinking and/or ability to stand and walk.		_____	
For safety purposes, please let us know:			
1. Do you have an existing condition that could at any time require you to need additional support?(diabetes, epilepsy,etc?).		Yes / no	
If Yes, please explain _____		Yes / no	
2. Do you use a mobility device (walker, cane, scooter?)			
Date of Drive Request: _____		Destination: _____	
Appointment Time: _____		Approximate Appt. Duration: _____	
Specific Instructions? _____			