



Road to Hope Volunteer Driver Application Form

Mission: The Road to Hope Community Support Foundation is a group of dedicated volunteers committed to providing transportation and support to individuals undergoing medical treatments for cancer.

Quite often getting to and from cancer related medical treatment can be a challenge. The Road to Hope Community Support Foundation can help. Road to Hope volunteer drivers provide transportation to and from medical treatment appointments and offer friendly support along the way.

By becoming a Road to Hope volunteer driver you will have a unique opportunity to put your special talents to work for the good of others. To volunteer:

1. Call the Road to Hope Transportation Coordinator at 1-780-327-9442.
2. Meet the Transportation Coordinator, or a designated representative of Road to Hope.
3. Complete the information below.
4. Sign the volunteer driver waiver section.
5. Provide a driver's abstract (also called a driving record).
6. Provide a RCMP security clearance (also called a criminal record check).
7. Provide proof of vehicle insurance.
8. Indicate how often you are available to drive clients.

A driver will pick-up a client at their residence, drive them to their appointment, provide support while waiting for treatment and drive the client back home. A driver donates their time and vehicle; however, a driver is reimbursed mileage by the Foundation.

Please mail your completed form(s) to: Road to Hope, P.O. Box 182, Athabasca, AB T9S 2A3

Volunteer Driver Information:

Name: (First, Last)	Email: (optional)
Mailing address:	
Home phone #:	Cell phone #:
Emergency contact name:	Emergency contact relationship:
Emergency contact phone #:	Emergency contact alternative phone #:

References (individuals other than family members):

Name:	Relationship:
Phone#:	Email address: (optional)
Name:	Relationship:
Phone#:	Email address: (optional)
Name:	Relationship:
Phone#:	Email address: (optional)

Driver Screening and Insurance Requirements:

Driver's license number:	Driver's license expiry date:
Yes No	
<input type="checkbox"/> <input type="checkbox"/>	I have attached a Driver's Abstract.
<input type="checkbox"/> <input type="checkbox"/>	I have been free of vehicle moving violations or at-fault accidents with the past three years.
<input type="checkbox"/> <input type="checkbox"/>	I have attached a Security Clearance issued by the RCMP.
<input type="checkbox"/> <input type="checkbox"/>	I have attached a photocopy of my vehicle insurance that shows the company name and policy number, as well as confirms a minimum automobile liability amount of \$2,000,000.
Company:	Policy#:

Vehicle Information:

Vehicle Make:	Vehicle Model:	Vehicle Year:
Yes No		
<input type="checkbox"/> <input type="checkbox"/>	There is a working seat belt for the driver and each passenger (wearing of seat belts is compulsory).	
<input type="checkbox"/> <input type="checkbox"/>	The brakes, including the emergency brake, are in good working order on my vehicle.	
<input type="checkbox"/> <input type="checkbox"/>	The tires on my vehicle have legal tread depth.	
<input type="checkbox"/> <input type="checkbox"/>	The brake lights, turn indicators and headlights on my vehicle are in good working order.	
<input type="checkbox"/> <input type="checkbox"/>	The windows of my vehicle are clear and provide an unobstructed view for the driver.	
<input type="checkbox"/> <input type="checkbox"/>	My vehicle has functioning rearview mirrors (center & side).	
<input type="checkbox"/> <input type="checkbox"/>	My vehicle has no other defects that would interfere with the safety of the driver and passenger(s).	

Please note vehicle information is required for each vehicle you may drive. Also provide the Transportation Coordinator with updated vehicle information (e.g. you acquire a different one) when applicable. Use the Road to Hope Volunteer Driver Supplementary Vehicle Information form as necessary.

Age confirmation:

Yes No I am over 18 years of age and therefore parental consent is not applicable.

Responsibilities of Road to Hope volunteer drivers:

- To be willing to drive to, and in, the city of Edmonton. Location of client medical treatments can vary however over 90% of Road to Hope clients use the services of Cross Cancer Institute in Edmonton.

- To be willing to participate on one drive-along to familiarize yourself with the expectations of a Road to Hope driver and to orientate yourself with the treatment center area layout.
- To carry Road to Hope identification when transporting clients.
- To be willing to accompany client into their appointment, if requested.
- To operate your vehicle in compliance with all traffic laws and regulations.
- To keep your driver's license current.
- To abstain from smoking in the vehicle during transportation of the client.
- To abstain from the use of drugs or alcohol consumption during transportation of, or waiting for, the client.
- To keep all client information strictly confidential.
- To inform Road to Hope Transportation Coordinator of changes in vehicle information.
- To inform Road to Hope Transportation Coordinator, immediately, of any material changes to your driver's abstract or insurance coverage, as well as provide copies of the updated documents.

Weather Conditions:

It is at the driver's discretion to cancel a trip if road and weather conditions are such that they would prove dangerous. If a trip is cancelled due to weather, the driver will contact the client to advise them of the circumstances and to inform the client they must contact their medical service provider advising they cannot make their appointment because of weather conditions. The driver will also contact the Transportation Coordinator advising of the trip cancellation.

Driver illness:

Should a driver become ill, or get a virus (like a cold), the driver should not drive a client whose immune systems is greatly diminished from treatment. If a driver becomes ill, the driver will contact the Transportation Coordinator as soon as possible in order for a substitute driver to be arranged.

Time Commitment:

General time commitment is approximately six to ten hours per trip depending on the type of treatment required by the client. There is no expectation that an overnight stay will be required. However, in the rare case, if a client becomes delayed at hospital or treatment center into the evening hours the driver will use their judgement as to when to depart.

Please advise if you are not normally available five days per week by completing the table below. Should your circumstances change please update your records with the Transportation Coordinator.

Weekdays, generally, available to drive. Note, it is uncommon for trips to be scheduled on a weekend:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Volunteer drivers are expected to let the Transportation Coordinator know, reasonably in advance, the days you are not able to drive in the case of vacation time, extended illness, or general unavailability.



Road to Hope Volunteer Driver Waiver Section

As a Road to Hope Volunteer Driver I agree,

1. I will abstain from smoking in the vehicle during transportation of the client.
2. I will abstain from the use of any drugs or alcohol consumption prior to, during transportation of, or waiting for, the client.
3. I understand that confidentiality is fundamental to the Foundation. At all times the privacy and dignity of clients and volunteers will be respected in accordance with Foundation policies, standards, and guidelines. All client records are the property of the Foundation, will be treated as strictly confidential, and caution will be exercised to protect and maintain the information. No person shall read records or discuss such information unless there is a legitimate purpose. Driver’s interaction with client(s) will not be discussed with people outside the Foundation, including your immediate family members, during the time you are with, and including the future after you leave, the Foundation.
4. I understand I cannot give medical advice including comments and suggestions that personalize medical information and or influence treatment decisions. If a client seeks information, I will direct them to the medical professional(s).
5. I understand I am representing Road to Hope Community Support Foundation during my time volunteering and I will act in a professional manner at all times.
6. I voluntarily and freely assume all risks of loss, damage, injury or death that I may sustain as a result of participation with Road to Hope Community Support Foundation and hereby release and discharge Road to Hope Community Support Foundation, its agents, employees, and directors from any claim or action that I may have with respect to my participation in any Road to Hope Community Support Foundation activities and or while volunteering for Road to Hope Community Support Foundation. This waiver is binding on me, my heirs, next of kin, executors, administrators and insurers.

By signing below, you acknowledge that the information provided is true and accurate and that you have read, understood, and will abide by this volunteer agreement, in particular all points identified in volunteer driver waiver section above. Also, by signing you authorize the Road to Hope Community Support Foundation permission to contact your references listed.

Volunteer
signature:

Volunteer
Name (print):

Date:

Witness
signature:

Witness
Name (print):

Date:

The personal information collected on this form will be used for the purpose of evaluating the eligibility of a volunteer driver applicant. If you have questions about the collection and use of this information, contact Road to Hope Community Support Foundation at 780-327-9442