



# 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.

1. Call the Road to Hope Coordinator at 1-780-327-9442.
2. Complete the information below.
3. Sign and date the volunteer driver waiver section.
4. Provide a driver's abstract (also called a driving record).
5. Provide a RCMP security clearance (also called a vulnerable sector check).
6. Provide proof of valid vehicle insurance and registration.
7. 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 the mileage and meals by the Foundation.

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

## Volunteer Driver Information:

Name: (First, Last)	Email:
Mailing Address:	Date of Birth:
Home Phone #:	Cell Phone #:
Emergency Contact Name:	Relation to Emergency Contact:
Emergency Contact Home Phone #:	Emergency Contact Mobile #:



**References (non-family members please)**

1. Name: (First, Last)	Relationship:
Best Phone Number:	Email Address:
2. Name: (First, Last)	Relationship:
Best Phone Number:	Email Address:

**Driver Screening & Insurance Requirements:**

Driver’s License Number & Expiration Date:

Please Initial Below:

- I have attached a Driver's Abstract.
- I have attached a photocopy of valid vehicle registration.
- I have attached a RCMP Vulnerable sector check.
- 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#:**

**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 keep all client information strictly confidential.
- To inform Road to Hope Coordinator of changes in vehicle information.
- To inform Road to Hope Coordinator, immediately, of any material changes to your driver’s abstract or insurance coverage, as well as provide copies of the updated documents.



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### **Weather Conditions:**

It is at the driver's discretion to cancel a trip if the 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 Road to Hope Coordinator advising of the trip cancellation.

### **Driver Illness:**

Should a driver become ill (such as a virus or other contagious illnesses) the driver should not drive a client whose immune system is greatly diminished from treatment. If a driver becomes ill, the driver will contact the Road to Hope Coordinator as soon as possible 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 the hospital or treatment center into the evening hours, the driver will use their judgement as to when to depart.

Please advise how many days you are available per week, and if there are any days that will not ever work for you. Please advise the Road to Hope Coordinator if your circumstances change. Volunteer drivers are expected to let the Road to Hope Coordinator know, reasonably in advance, the days you are not able to drive in the case of vacation time, extended illness, or general unavailability.

### **As a Road to Hope Community Support Foundation 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 the 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 professionals.
5. I understand I am representing Road to Hope Community Support Foundation during my time volunteering, and I will always act in a professional manner.



6. I voluntarily and freely assume all risks of loss, damage, injury, or death that I may sustain because 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.
7. My vehicle is in sound mechanical condition and any major changes to the condition will be communicated to the Coordinator.

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 the 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: \_\_\_\_\_ RTH Personnel Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ 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.