



Volunteer Registration Form

Last Name: _____ First Name: _____

Phone #: _____ Email: _____

Address: _____ Postal Code: _____

How would you like us to communicate with you? Call Text Email

What are you Volunteering for? (please check box)

- Meals on Wheels Delivery Driver MoW Kitchen Assistant Starfish Pack
 Volunteer Driver Program Tech Savvy Similkameen Friendly Visitor
 One to One Reading Program Fix It Volunteer Volunteer Income Tax
 Activity Assistant (Facility/Group) Seasonal Worker Program LSCSS Reception
 PEACE Program Children's Programs Bottle Run Other: _____

How often are you looking to volunteer? _____

How did you hear about us? _____

----- Volunteer Driver Information -----

Vehicle Licence Number: _____ Make & Model: _____

Do you have a minimum of \$5,000,000 ICBC 3rd Party Liability Insurance? (Yes No)

Are you able and willing to transport a Walker in your vehicle? (Yes No)

Are you able and willing to transport a Wheelchair in your vehicle? (Yes No)

Please provide a copy of your Driver's Abstract (obtainable from ICBC office) Attached

STATEMENT:

- ❖ **I acknowledge review of volunteer policies**, and I will abide by the policies, procedures and guidelines established for volunteers of the Lower Similkameen Community Services Society.
- ❖ I will respect confidential information and the rights and dignity of all clients.
- ❖ I will honour my commitment as a volunteer.
- ❖ I will advise the L.S.C.S.S. if I change my vehicle (for volunteer driver's only).

Signature: _____ **LSCSS Witness:** _____ **Date:** _____

Please Note: Personal Information on this form is collected for the purposes of processing registration in this program and will be used only for the purposes of this program. Other personal information may also be retained for the purposes of administering this program. If you have any questions about the collection and retention of personal information, please contact the Administrator.