



VOLUNTEER TRANSPORTATION PROGRAM VOLUNTEER DRIVER APPLICATION FORM

Full Name: _____ Preferred First: _____

Phone: _____ Work: _____ Cell: _____

Street Address: _____

Mailing Address: _____

Email Address: _____

Emergency Contact Name: _____ Phone: _____

Community(s) able to drive for: _____

Number of hours available per week: _____

Dates and Times most suitable: _____

_____ Available start date: _____

I will travel to: Steinbach Winnipeg Other _____ Summer Winter

I have a : Criminal Record Check Vulnerable Sector Check

Comments: _____

Previous Volunteer Experience? _____ Where? _____

Duties were: _____

Language spoken: _____ How did you hear about us? _____

Any other interests or skill sets you may wish to offer in the Volunteer Program? _____

References: Name _____ Phone _____

Name _____ Phone _____

Questions? Feel free to call SCSS, 204-326-8571. Thanks for your consideration!

Signature _____ Date _____

**Office: App Rec'd _____ Pkg _____ Ref _____ Contract _____

Required _____ Reply _____ Confirmation _____

www.secancersupport.ca

Office location: Room 215 (2nd floor) – 98 Brandt Street, Steinbach 204-326-8571

Like us on Facebook or @secancersupport on Instagram

Mailing address: 20 Brandt Street – Unit 3, Box 231 Steinbach, MB R5G 1Y2

as of Sep 25/24