

**VOLUNTEER DRIVER APPLICATION FORM
NIIJAANSINAANIK CHILD & FAMILY SERVICES**



Name: _____
Date of Birth: _____ Occupation: _____
Mailing Address: _____
Postal Code: _____
Home Address: _____
Telephone #: _____ Business: _____

Previous Volunteer Experience: _____

Special Interest or Skills:

Do you have an automobile? Yes No

Will you undergo a criminal record check (CPIC & Vulnerable Sector Check)? Yes No

Will you provide a Child Welfare Record Check? Yes No

When are you available to Volunteer (i.e. days of the week, time of day, seasonal?)

What is your reason for Volunteering?

How did you hear about the Niijaansinaanik Child and Family Services Volunteer Program?

Please list a **minimum of two** character references:

1. Name: _____
Telephone #: _____ Relationship: _____
2. Name: _____
Telephone #: _____ Relationship: _____
3. Name: _____
Telephone #: _____ Relationship: _____

I hereby authorize Niijaansinaanik Child and Family Services to conduct a personal reference check using the individuals listed above.

4. Signature: _____ Date: _____