



MICs Group of Health Services

VOLUNTEER DRIVER APPLICATION FORM

PERSONAL INFORMATION

Name: _____

Address: _____ City: _____ Postal Code: _____

Telephone (Home): _____ Telephone (Cell): _____

Email: _____

Date of Birth: _____

Preferred Contact: Email Telephone

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Telephone 1: _____ Telephone 2: _____

AVAILABILITY/COMMITMENT

I would like to volunteer at the following location: Anson General Hospital
 (I attest that I live within a 15 minute drive of this hospital) Bingham Memorial Hospital

I am available to volunteer:	Time/Day	Mon	Tue	Wed	Thu	Fri	Sat	Sun
	Morning (6:00am – 12:00 noon)							
Afternoon (12:00 noon – 7:00pm)								
Evening (7:00pm – 12:00 midnight)								
Night (12:00 midnight – 6:00am)								

If you have hours available outside the prescribed hours outlined above, please provide availability here:

VOLUNTEER AGREEMENT

This Agreement is a description of the arrangement between MICs Group of Health Services (site) and you (volunteer) in relation to your voluntary work. The intention of this agreement is to assure you that we appreciate your volunteering with us and to indicate our commitment to do the best we can to make your volunteer experience with us a positive and rewarding one.

MICs accepts the voluntary service of the volunteer named above beginning _____.
 DATE (MM/DD/YYYY)

Your role as a volunteer is to transport lab products to Timmins and District Hospital and/or Lady Minto Hospital (Cochrane).

MICs GROUP OF HEALTH SERVICES RESPONSIBILITIES

MICs commits to the following:

1. To provide any training necessary to assist you in meeting the responsibilities of your role.
2. To define standards of our services, to communicate them to you, and to ensure and support you to achieve and maintain them as part of your voluntary work.

3. To reimburse the following expenses incurred to you in doing your voluntary work in accordance to the MICs policy FIN-125 Expense Reimbursement.

VOLUNTEER RESPONSIBILITIES

The volunteer agrees to the following:

1. To obtain a criminal check for vulnerable sector
2. To obtain a Driver’s Abstract
3. To have a minimum of 5 years’ driving experience
4. To have reliable transportation
5. To provide proof of car insurance
6. To maintain the confidential information of the organization and of its clients
7. To maintain a driver’s log (provided by MICs) and submit monthly for payment
8. To adhere to MICs Group of Health Services policies, procedures and guidelines
9. To understand that smoking is not permitted on any hospital property or while carrying out MICs business

The volunteer understands:

- that MICs has the right to accept or not accept volunteer applicants and that only those applicants accepted for an interview will be contacted
- that MICs will keep a record of his/her personal information and that it will remain confidential
- that MICs may need to share my contact information with other MICs staff in order to facilitate his/hers volunteer placement
- that MICs has the right to dismiss a volunteer from the volunteer program if, in the opinion of MICs, their continuance in the program could be detrimental to the organization
- that false information on this application form may disqualify me from volunteering or result in my dismissal

Applicant’s Signature: _____

Date: _____
(MM/DD/YYYY)

MICs Signature: _____

Date: _____
(MM/DD/YYYY)