

Volunteer Application
East Hants Alternative Transportation Service
The Nova Centre, Suite 101
224 Highway #214
Elmsdale, Nova Scotia
B2S 1J7

Name: _____

Address (civic): _____

Address (mailing): _____

Postal code: _____ Telephone: _____

Email address: _____ Cell phone: _____

Occupation: _____ Employer: _____

How much time would you like to volunteer per week? _____

What day(s), mornings or afternoons are you available? _____

Do you have any experience with persons with disabilities or seniors? Please explain

Type of vehicle: _____ License plate : _____

Driver's license #: _____ Restrictions / class: _____

Provide a driver's abstract (\$15 processing fee) _____

Provide a Criminal Records Search _____

Provide a Child Abuse Registry Search _____

Declaration of Confidentially _____

You must inform your insurance company annually that you are a volunteer driver.

Signature: _____ Date: _____

For office use only

CRS Driver's Abstract Proof Of Insurance Child Registry DC