

CLIENT APPLICATION

SUPPORTED TRANSPORTATION PROGRAM FOR SENIORS

Name: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	Phone :
Street: City: Postal Code:	E-Mail:
Area (choose one): ___ Duncan ___ North Cowichan ___ CVRD Area (circle) A B C D E F G H I	Lifeline?
Date of birth: (month / day / year)	Next of kin: Phone contact of this person:

Health concerns:	Hearing aids? Mobility assists?
Doctor's contact information: (name, phone, Clinic)	Do you have a Disabled permit?

Are you a client of Home & Community Care (VIHA):	Do you live alone? If not, who is with you?
REFERRAL: Self? Doctor? Care worker? Other:	EXPECTATIONS: What are you hoping the driver will do for you? Do you need any special considerations re: vehicle provided?
CONDITIONS: <i>While Cowichan Seniors Community Foundation strives to fulfill requests, services are dependent on availability of volunteers. A minimum of 3 business days notice is appreciated when booking your appointment.</i>	CONFIDENTIALITY: <i>The information we collect from you is held in confidence and only shared with the driver assisting you. All drivers must sign a Confidentiality agreement when registered.</i>

** Please remember to sign the waiver on the second page or side of this application, thank you **



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CONFIDENTIALITY

Cowichan Seniors Community Foundation obtains information from you to assist us in providing the best possible volunteer services. The information we collect is treated as confidential and is only disclosed to selected volunteers and other care providers on a “need to know” basis. By registering for service you give your consent to Cowichan Seniors Community Foundation to use the information as specified on the registration form.

WAIVER

Release from Liability:

In consideration of the acceptance of myself and/or my dependent’s application to be a participant in the Supported Transportation Program (herein referred to as “the program”), I hereby agree to assume all risks attendant upon myself and/or my dependent while participating in this program. I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I or my dependent may have, or which may hereafter accrue to me or my dependent , as a result of my or my dependent’s participation in the program. I agree to save and hold harmless from liability, the Cowichan Seniors Community Foundation, its staff, Board members, volunteers and all other associates by reason of any accident, death, injury, or damages to persons or property which I or my dependent may suffer, from and against any and all liability arising out of or connected in any way with myself or my dependent’s participation in the program, even though the liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

CODE OF CONDUCT

In consideration of the benefits of the program, I agree to abide by the Code of Conduct set forth in this section. I understand that this Code of Conduct ensures the quality and safety of the program, and that all program participants, staff, and volunteers are required to abide by this Code. The Code of Conduct states:

“All persons shall act with respect towards others, observing their privacy and safety. Physical or verbal abuse of any kind will not be tolerated and will result in the participant being asked to leave the program. All persons shall show respect to the property of others; intentional damage to, or theft, such property or program equipment will result in the participant being asked to leave the program. Program rules and regulations shall be observed at all times. While staff is committed to having the participant enjoy the experience, inappropriate behavior may result in a participant being asked to leave.”

Signed: _____ Date: _____