



Volunteer Driver Program

Request Form

Agency/Organization Information

Referring Agency/Organization: _____

Address: _____

Telephone: _____ E-mail: _____

Person Making Request: _____ Position: _____

Client Information

Name of Client: _____ Telephone: _____

Address of Client: _____

Municipality: Dieppe () Moncton () Riverview ()

Transportation Request {7 days notice required}

Date Volunteer Driver is Requested: _____
(include day of the week)

Pick up Time: _____ *Pick up at this Address:* _____

Return Time: _____ *Return at this Address:* _____

Each Week for this request: () *If yes, for how many weeks* ____

*Will there be any other individuals transported with this client, ex. Children, Spouse, etc.? No ____

If yes, please explain _____

***Note:** {Clients are responsible for their own cars seats, booster seats, etc.}

Driving Category that client is requesting transportation: {please check}

Food Banks/Soup Kitchen ____ Medical Appointment ____ Educational

Course {Children and/or Adults} ____ Chemotherapy/Radiation Appointments

____ Recreational Activities ____ *Pick up and/or Drop off Items {Occasionally required} ____

Please advise the Volunteer Centre if this request is cancelled.

→ *If we are unavailable to fill this request you will be notified as soon as possible.*

Volunteer Centre of Southeastern New Brunswick Inc.

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