

SOUTH INTERLAKE SENIORS RESOURCE COUNCIL INC.

**CLIENT INFORMATION FORM**

Name \_\_\_\_\_

Address (physical) \_\_\_\_\_

Address (mailing) \_\_\_\_\_

Phone # (H) \_\_\_\_\_ (C) \_\_\_\_\_

Do you have any health concerns or medical information that the volunteer should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please explain \_\_\_\_\_

\_\_\_\_\_

Do you require mobility assistive devices? \_\_\_\_\_

Do you have any restrictions that would limit the type of vehicle that you can use for transportation? \_\_\_\_\_

In case of an emergency: Contact Person \_\_\_\_\_

Relationship \_\_\_\_\_

Phone #s \_\_\_\_\_

\_\_\_\_\_

Client Signature

\_\_\_\_\_

Coordinator Signature

\_\_\_\_\_

Date

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**CLIENT HANDBOOK  
VOLUNTEER DRIVING PROGRAM**

I, \_\_\_\_\_ state that by signing this release, I have read and understood the policies and procedures enclosed in this client handbook. Furthermore, I agree to abide by the policies and procedures as outlined in this document.

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Signature

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Date