



## Sunshine Coach Annual Evaluation Form

Please fill out this annual evaluation of your Sunshine Coach as per your agreement with Variety – the Children’s Charity of BC. Completion of this form is required on an annual basis.

| Organization Details |      |             |
|----------------------|------|-------------|
| Organization Name    |      |             |
| Address              | City | Postal Code |

| Contact Details |       |
|-----------------|-------|
| Contact Name    | Title |
| Email           | Phone |

| Sunshine Coach Details      |                             |      |
|-----------------------------|-----------------------------|------|
| Sunshine Coach Number       | Year Received               | VIN# |
| Vehicle Type (Van or Coach) | # of Passengers (7, 15, 24) |      |

| Sunshine Coach Use                                                           |                                                          |
|------------------------------------------------------------------------------|----------------------------------------------------------|
| Does your coach still meet the needs of your organization?                   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If no, please explain in detail:                                             |                                                          |
|                                                                              |                                                          |
| How many children benefited from the use of this vehicle last year?          |                                                          |
| What percentage of these children have a designated medical or complex need? |                                                          |
| How is your coach being used and impacting your organization?                |                                                          |
|                                                                              |                                                          |

| <b>Vehicle Information</b>                                            |                                                                                                                                        |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| If your coach is no longer operational, only answer questions 6, 7, 8 |                                                                                                                                        |
| 1. Current mileage:                                                   | Mechanical Condition: <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR                        |
| 2. How often is the vehicle used?                                     | Body Condition: <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR                              |
| 3. How often is the vehicle serviced?                                 | <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> BI-ANNUAL <input type="checkbox"/> ANNUAL |
| 4. Was the vehicle in an accident this year?                          | <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please attached details separately)                                  |
| 5. Has the vehicle been fully repaired?                               | <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                               |
| If no, please explain in detail:                                      |                                                                                                                                        |
|                                                                       |                                                                                                                                        |
| 6. Is the vehicle fully operational?                                  | <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                               |
| If no, please explain in detail:                                      |                                                                                                                                        |
|                                                                       |                                                                                                                                        |
| 7. Does the vehicle require new decals?                               | <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                               |
| If yes, please explain in detail:                                     |                                                                                                                                        |
|                                                                       |                                                                                                                                        |
| 8. Would you like to apply for a new vehicle?                         | <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, we will contact you directly)                                        |

| <b>Required Documents</b>                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Please attach the following documents with your evaluation form: <ul style="list-style-type: none"> <li>• Vehicle Registration</li> <li>• Commercial Vehicle Inspection Report</li> <li>• Current photos of front, back and both sides</li> </ul> |

| <b>Consent, Confidentiality &amp; Authorization</b>                             |               |
|---------------------------------------------------------------------------------|---------------|
| By signing this form, you are verifying that the above information is accurate. |               |
| <b>Authorized Signature:</b>                                                    | <b>Date:</b>  |
| <b>Printed Name:</b>                                                            | <b>Title:</b> |

Please send all documents together, including your supporting documents. We are unable to return documents. **PLEASE DO NOT SEND DOCUMENTS SEPARATELY.**