

VOLUNTEER OWNER DRIVER APPLICATION FORM

A) PERSONAL DETAILS:

SURNAME: D.O.B

OTHER NAMES: Mr / Mrs / Miss Other

ADDRESS:

..... POSTCODE:

TELEPHONE: (Daytime) (Evening)

Mobile No.

Email address

B) AVAILABILITY:

Between what times are you available?

DAY	AM Start Time	AM Finish Time	PM Start Time	PM Finish Time	Evening Start Time	Evening Finish Time
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

C) VOLUNTEER DRIVER DETAILS:

Driving Licence No: _____

Valid from: _____ to: _____

Group entitlement: _____ Years licence held: _____

Do you have any licence endorsements? YES / NO

If YES give details & year: _____

Have you had any convictions during the past 5 years for an offence in connection with a motor vehicle? YES / NO

If YES give details & year: _____

Do you currently have a fully comprehensive Insurance Policy? YES / NO

Have you ever been refused motor insurance? YES / NO

If YES give details _____

Have you been involved as a driver in an accident in the past 5 years? YES / NO

If YES give details _____

Please give details of any additional licences held (HGV, PSV, CT test):

General Health: Please give information of any condition or disability you have or have had which would affect your ability to drive safely now or in the future. (See examples below)

Details: _____

(Notifiable conditions, issued by DVLC):

giddiness
epilepsy
multiple sclerosis
angina
arthritis
loss of use of limb
alcoholism

fainting
diabetes
Parkinson's disease
coronaries
disorder of vision
cardiac pacemaker

blackouts
stroke
heart disease
high blood pressure
mental illness
drug taking

D) HOBBIES / LEISURE INTERESTS:

Please describe your hobbies and leisure interests:

.....
.....

Briefly state why you wish to volunteer for the Volunteer Cars:

.....
.....

E) REFERENCES:

As you may be volunteering with some vulnerable members of society (i.e. older people, people with disabilities, special needs, children), we need to have adequate references.

PLEASE GIVE THE NAMES AND ADDRESSES OF TWO REFEREES, WHO KNOW YOU WELL, BUT ARE NOT RELATIVES:

REFEREE 1

REFEREE 2

Name: Mr/Mrs/Ms

Name: Mr/Mrs/Ms

Address:

Address:

.....

.....

..... Postcode:

..... Postcode:

Occupation:

Occupation:

Telephone:

Telephone:

(Mobile).....

(Mobile).....

A DBS check will be carried out for this voluntary position.

For people working with vulnerable groups, the Rehabilitation of Offenders Act (1974), Exemption order (1975) does not apply. You must declare below any convictions 'spent' or not. Please note: Disclosure of criminal convictions will not necessarily exclude you from becoming a volunteer. Please do not be put off applying!

CONVICTIONS

DATES

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F) FINALLY:

Please tell us how you heard about volunteering opportunity?

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Please return this form to:

Tracey Heap
Westway Community Transport
240 Acklam Road
London
W10 5YG

Please phone **020 8964 4982** if you would like some help filling this form in, or if you require further information.

DECLARATION:

I declare that the details given on this form are correct to the best of my knowledge. I agree to exercise all due care for the safety of my passengers and the security of the vehicle whilst it is in my charge. I understand that it is an offence under the Road Traffic Act to knowingly make a false statement to obtain insurance cover. I undertake to inform Westway CT of any subsequent illness, condition or event which might affect my ability to drive Westway CT vehicles and also of any subsequent refusal of motor insurance, or driving convictions. I understand that failure to do so and any false declaration made above may render the insurance cover for the vehicle invalid and I may then be held personally responsible to pay any costs or damages. I also undertake to notify the organisation of any accident that occurs whilst I am responsible for one of the organisation's vehicles. I understand that all information given will be treated in strictest confidence.

Signature of driver _____

Date _____

For office use only:

Interview date _____ ***References received*** _____

DBS check completed ***DBS Disclosure received***

Disability Awareness / Passenger Assistance Information
