westwayCT

VOLUNTEER 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:

Preferred contact method:

B) AVAILABILITY:

Between what times are you available to volunteer?

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: _____

NI Number:_____

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):

_____

Do you intend to use your own car to volunteer?   YES / NO

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	fainting	blackouts
epilepsy	diabetes	stroke
multiple sclerosis	Parkinson's disease	heart disease
angina	coronaries	high blood pressure
arthritis	disorder of vision	mental illness
loss of use of limb	cardiac pacemaker	drug taking
alcoholism		

D) 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

Name: Mr/Mrs/Ms…………………..

Address: ………………………..

………………………………………

……………. Postcode: …………………

Occupation: ………………………..

Email…………………………………..

Telephone:
(Daytime)…………………………………

(Evening)…………………………………

(Mobile)…………………………………

REFEREE 2

Name: Mr/Mrs/Ms ……………………..

Address: ………………………..

………………………………………

……………. Postcode: …………………

Occupation: ………………………..

Email…………………………………..

Telephone:
(Daytime)…………………………………

(Evening)…………………………………

(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

…………………………………………….   ………………………….

…………………………………………….   ………………………….

E) FINALLY:

It would help us if you could state below where you heard about volunteering for Westway CT's Volunteer Cars:

…………………………………………………………………………………………………

…………………………………………………………………………………………………

…………………………………………………………………………………………………

Please return this form to:

>   Russell Canfield
>   Westway CT
>   240 Acklam Road
>   London
>   W10 5YG

Please phone **020 8964 4928** 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 any Westway CT vehicle whilst 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 any Volunteer Cars vehicle. I will also inform them 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. I am aware that I can find more information about Westway CT's Privacy Notice on the Westway CT website **www.westwayct.org.uk**

Signature of applicant _____

Date _____