



## Volunteer Application Form

### COMMUNITY CAR SCHEME DRIVER

<b>Role applied for</b>	Community Car Scheme Driver
<b>Full name</b>	
<b>Address</b>	
<b>Telephone number</b>	
<b>Mobile number</b>	
<b>Email address</b>	
<b>Date of birth</b>	

<b>Employment history for the last three years</b> (if <b>retired</b> , last employment / if <b>unemployed</b> during that time, please leave blank)	
<i>Name of employer:</i>	<i>Brief description of role and responsibilities:</i>

<b>Previous voluntary and community activities</b>	
<i>Name of organisation:</i>	<i>Brief description of role and responsibilities:</i>

<b>Personal information</b>
<i>Please state any skills, life experience, interests or hobbies which you think would be relevant to the role:</i>



**Your reasons for volunteering**

*Please state why you are interested in volunteering for our organisation and what you are hoping to get out of it:*

**When are you available to volunteer? Please indicate**

	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
	YES	NO
No fixed availability:		
Trips of various lengths:		
Local, short trips only:		
Lifts to London:		

<b>Emergency contact</b>	
<b>Telephone number</b>	
<b>Relationship to you</b>	

<b>Do you have any access requirements e.g. large print, wheelchair access? If yes, please give details.</b>	
<b>Are there any health problems which you would like to make us aware of that could affect your volunteering? If yes, please give details.</b>	



<b>Vehicle details</b>	
Registration number	
Manufacturer / model	
First registered	
MOT valid until	
2 doors / 4 doors	
Saloon / Estate / Hatchback	
Dogs allowed	
Guide dogs allowed only	
<b>Licence</b>	
Driving licence number	
Valid until	
Insurance company	
Policy number	
Expiry date	
<b>Other driver information</b>	
Do you have endorsements on your licence? If yes, please specify.	
Have you been convicted of any traffic offences? If yes, please specify.	
Have you ever been a taxi driver? If yes, please specify.	
Are you able to manage and lift folding wheelchairs and other mobility equipment?	



**Please supply the names and addresses of two referees e.g. previous employer, neighbour, head teacher, previous volunteering project, etc. Please note that these cannot be relatives.**

Name:	Name:
Relationship to referee:	Relationship to referee:
Address:	Address:
Telephone number:	Telephone number:
Email address:	Email address:

**How did you hear about this volunteering role?**

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### **Data protection**

I understand and give my consent that information on this form may be used for monitoring purposes and may be held electronically or in filing systems in accordance with the United Kingdom's General Data Protection Regulation 2018 (GDPR).

### **Declaration**

I confirm that to the best of my knowledge the information I have provided is true and correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to: Claudia Bird [volunteering@cvsbeh.org.uk](mailto:volunteering@cvsbeh.org.uk) or Nigel Copping Community Building, 88 Sanville Gardens, Stanstead Abbots, Hertfordshire, SG12 8GA

If you have difficulties completing this form, please phone 0300 123 1034 or email [volunteering@cvsbeh.org.uk](mailto:volunteering@cvsbeh.org.uk)

Once we have received your form, we will contact you within five working days to arrange the next steps in your application process with you.