

Volunteer Driver Application Form



Please complete in BLOCK CAPITALS

Personal Details							
Name:	Driving Licence No:						
Address:	Expiry Date:						
	Driving over 5 years: Yes / No (delete as appropriate)						
Postcode:	Insurance Company:						
Phone:	Policy No>						
Mobile:	Expiry Date:						
Email:	Breakdown Policy Yes / No (delete as appropriate)						
Preferred way of contact please delete as appropriate: Phone Mobile Email	Date of Birth:						
Availability							
The following questions are to help our telephonists approach appropriate Drivers when arranging a booking. Your answers do not commit you to anything. If, for whatever reason, you are unable or do not wish to do a particular run, just say so. You do not have to give a reason.							
Would you prefer <i>(please delete as appropriate)</i> Delivery journeys only (ie no passengers) Short local journeys only / Medium journeys / Long distance journeys only / All							
How far would you be willing to drive to collect a passenger (or return to your home after having dropped them off)? miles							
If the passenger has requested a return journey (eg to & from a surgery appointment) would you be happy to wait? Yes / No For how long would you be willing to wait?							
Please mark with an X any times when you will definitely not normally be available to drive. (e.g. if you work on a Tuesday morning/ go to an evening class every Friday – so we know not to try you for those times!)							
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
AM							
PM							
Evenings							
Please add any other comments on what you are or are not happy and able to do							

Vehicle Details	
Registration Number	How easy is it to get in and out of your vehicle? (e.g. for someone with arthritis)
Tax Expiry Date	Is your vehicle Smoking / Non Smoking (delete as applicable)
M.O.T. Expiry Date	Would you carry pets Yes / NO (delete as appropriate)
Make	Please state any limits regarding the assistance you can give passengers (eg lifting wheelchairs in and out of boot/supporting passengers)
Model	
Engine Size	
Colour	
No. of Doors	
Luggage Space (delete as applicable): A lot / medium / little	
<i>As SWRCCS does not have to do PVG checks, we require written references from two responsible persons.</i>	
Referees	
Name	Name
Relationship to you:	Relationship to you:
Address:	Address:
Postcode:	Postcode:
Phone:	Phone:
Email:	Email:

Please sign and return this application form to: Peter Fenton, Coordinator, SWRCCS, Loch Torridon Community Centre, Achnasheen IV22 2EZ email: swrc-carscheme@btinternet.com

<p>DATA PROTECTION ACT 1998 (the Act) - The information you have supplied will be used for the purpose for which you have provided it and any relevant procedures following from this. This data will be maintained in accordance with the Act and will not be passed on or sold to any other organisation without your prior approval unless this is a legal requirement.</p> <p>I agree / do not agree to the information I have given being held on the South West Ross Community Car Scheme's computer database. (Please delete as applicable)</p> <p>I agree to inform SWRCCS of any changes to the above information.</p> <p>Signed: _____ Date: _____</p>	
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