



VOLUNTEER APPLICATION FORM

Your Contact Details:

Name:

Address:

Phone or Mobile: _____ Email: _____

Date of Birth: _____

If you are interested in driving and wish to use your own vehicle please provide the following, information, if not we can provide you with a company car.

Drivers Licence Expiry Date: _____ Class: _____

Car Registration Expiry Date: _____ Car Insurance Expiry Date:

Emergency Contact Details

Name:

Relationship: _____

Phone: _____ Mobile: _____

Medical Conditions

Do you have any medical conditions or disability that could impact on your ability to undertake certain tasks. If so, please detail:

Type of Work Preferred

Driving a Community Transport mini bus on public roads for the purpose of transporting customers to medical appointments and social activities	
Driving Council car on public roads for the purpose of transporting customers to medical appointments locally and out of area	
Assisting frail aged or people with a disability in and out of buses/cars	
Assisting customers with their shopping	
Visiting customers at home or residents at Blue Haven Home	
Assisting with a group outing	
Assisting with a group in the community hall or at Blue Haven Home	
Assisting with administrative tasks	

Is there a person or group with whom you have a particular interest in working with?
(tick all that apply)

Frail older people	
People with Disabilities	
Females	
People with Dementia	
Males	
No Preference	

What days and time would you like to volunteer?

	MON	TUES	WEDS	THURS	FRID	SAT	SUN
AM							
PM							
One Off							
Regular							

Please highlight the skills, knowledge and or experience you bring to this role:

How did you hear about us?



Are you willing to undergo a Police Check? [] yes [] No

Have you ever been charged with an offence? [] yes [] No

Have you ever been convicted of an offence? [] yes [] No

Please tick if you would like to receive our volunteer newsletter

By signing this form I confirm that the information supplied is true and accurate.
I understand that submitting this application form does not automatically register me a volunteer, but that there is a selection process including completion of Police Check and a Drs Clearance.

Signature: _____

Name: _____

Date: _____