

VOLUNTEER REGISTRATION FORM

Name (Mr/Mrs/Miss/Ms) _____

Address: _____

Telephone (Mobile) _____ (Work) _____ (Home) _____

Why do you wish to become a volunteer? _____

Have you been a volunteer before? Yes ☐ No ☐

If yes, please specify your role _____

Relevant skills or qualifications for driving a community bus _____

Other skills relevant to the volunteering role:

Are you currently employed? Yes ☐ No ☐

Occupation and/or previous occupation(s) _____

Are you available on a regular basis? Yes ☐ No ☐

What days and times of the week are you available? _____

Driving Information

Do you have a current driver's licence? Yes ☐ No ☐

Licence Number _____ Type (Class) _____

Do you have driver accreditation? Yes ☐ No ☐

If yes, current accreditation number _____

Are you prepared to undertake a working with children check, police clearance and a medical examination-certificate of fitness? (If applicable to the Volunteer Role) Yes ☐ No ☐

Can you speak another language? Yes ☐ No ☐

If yes, please specify _____

Do you have a Current First Aid Certificate? Yes ☐ No ☐

Contact in case of emergency:

Name _____

Address _____

Contact Number (Telephone/Mobile) _____

Relationship to volunteer _____

Signed

Date