



APPLICATION FORM – DRIVER

Full Name.....Date of birth.....

Address.....

Home phone.....

Mobile phone.....

Email.....

Are you willing to transport clients to :

- | | |
|---|---------|
| 1. The Oxford Hospitals ? | YES /NO |
| 2. Doctors' surgeries & medical appointments? | YES/NO |
| 3. Local supermarkets/clubs/hairdressers ? | YES/NO |

Please fill in your Vehicle Details

Make, model, year & colour of car.....

Registration number.....

Saloon/Hatchback/Estate/2 door/3door/4door/5door

How many passengers can you take?

Driving Information

License No.....Valid from.....to.....Vehicle Group.....

Driving experience.....years. Details of additional experience.....

Any endorsements? YES/NO. If YES give Details & year.....

Have you had any convictions for motoring offences during the last 5 years? YES/NO

Do you have any convictions pending? YES/NO

Have you been involved as a driver in a road accident in the last 5 years? YES/NO

If YES please give details.....

Insurance Details

Insurance CompanyPolicy number.....

Expiration date.....Type of cover.....

Have you ever been refused motor insurance? YES/NO. If YES give details.....

Are you willing to inform your insurance company that you will be a volunteer driver? YES/NO

Health

Please give details of any condition, physical or medical, which may affect your ability to drive now or in the future.....

DECLARATION

I declare to the best of my knowledge the above details are correct.

I will sign a Volunteer Confidentiality Agreement.

I will refer any problems to the Organiser.

I understand that DVD will inform me when my help is needed

I agree to exercise all due care for the safety of my passengers.

I understand it is an offence to attempt to obtain insurance by making a false statement.

I undertake to inform DVD :-

- 1. if circumstances arise which affect my ability to drive.
- 2. of any driving convictions
- 3. if I change my car
- 4. if I change my insurers
- 5. if an application for insurance is refused

I declare my vehicle is regularly maintained, roadworthy, taxed and has a valid MOT certificate if applicable.

I undertake to inform my insurers of my voluntary driving work by completing and forwarding the attached form.

SIGNATURE.....DATE.....

AVAILABILITY

Please list any periods/days when you are NOT available to help.....

Vulnerable People

As you will be in contact with vulnerable people you will have a DBS check at our expense.

Have you ever been convicted of a criminal offence in a court of law? YES/NO

If YES please give details of the offence and the date.....

How did you hear about DVD?.....

REFERENCES

Please give the names of two people who have known you for some time who would be willing to give references.

Name.....

Name.....

Address & postcode.....

Address & postcode.....

.....

.....

Tel:.....

Tel:.....

Email.....

Email.....

Please return the completed form to the Organiser.

info@didcotvolunteerdrivers.org.uk

Didcot Volunteer Drivers is a Charitable Incorporated Organisation Reg. Charity no. 1183404.

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