



Gillingham Area Voluntary Car Link Scheme
Registered charity number 1138732

Volunteer Driver Application

Thank you for your interest. The information you give is understood to be confidential, will be kept secure for internal Gillingham Area Car Link purposes only and will not be revealed to any other person or organisation.

Please deliver or post this form to;
The Volunteer Support Officer, 9 Freame Way, Gillingham, SP8 4RA

Name

Address

Postcode

Date of Birth

Telephone (day) (evening)

(mobile)

Email address

Valid current driving licence?

How long held?

It is our policy for volunteer drivers to be aged over 25 years with a minimum of five years driving experience.

Car owner? Make of car:

Vehicle type: 4 wheel drive / family car / small car / other

Number of doors Registration number

Equal Opportunities: We welcome all volunteers for the skills they could bring to GACL. Please give details of any health conditions, issues or disabilities which could be relevant as a volunteer driver:

.....

.....

.....

An enhanced Disclosure and Barring (DBS) check will be required for volunteer driving and you will be notified of the arrangements for this at a later date.

Under the Rehabilitation of Offenders Act 1974, do you have any unspent criminal convictions? Yes / No

If you have ticked yes, summarise details below. Having a conviction will not necessarily stop you from volunteering, but will need to be taken into consideration when assessing your suitability.

.....

.....

If accepted, when can you be available to drive?

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							
Any time							

Brief history of employment and interests

Why you are interested in driving for GACL, how did you hear about us?

How it will fit in with existing commitments

.....

.....

Do you have any special skills eg employment experience and/or work with other voluntary organisations? First aid certificate?

.....

.....

Please give the names and addresses of two referees who are not members of your family:

Person 1

Person 2

Address

Address

Email address

Email address

How do you know this person

How do you know this person

For how long

For how long

Contact in case of an emergency:

Name

Address

Telephone number

Relationship

Notes:

- (1) We will require two passport size photographs, one for your identity badge and one for your file with GACL. If possible, please send these in with this form.
- (2) We will require sight of your driving licence and certificate of motor insurance. You will be asked to show these at the “interview” stage.

Declaration:

I declare that, to the best of my knowledge and belief, all my statements given in this application are correct. I understand that any offer of volunteering is subject to satisfactory references.

.....
Signature Date