



Shinfield Voluntary Car Service

Registered Charity No: 1152423



Application for Voluntary Driver

All information is kept confidential and stored in accordance with General Data Protection Regulations of 2018

Surname: _____ **Title:** Mr / Mrs / Ms / Miss /Other

First Name: _____ **Make of Car:** _____

Address: _____ **Model:** _____

Number of doors: _____

Telephone: _____ **Mobile:** _____

Email: _____

About You (Please continue on a separate sheet if you need to)

Hobbies, pastimes or interests:

Relevant experience:

Details of any previous or current voluntary work:

Your Availability

Please tick any session(s) you're offering to drive if you're available and put a cross in any sessions you don't wish to work. (If in doubt, this can be discussed further when we meet up.)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							

Are you able to make a weekly commitment? (Apart from holidays etc) Yes / No cont'd



Reference

Please give the name and address of somebody who knows you well (other than a relative) willing to provide a reference in support your application. Please state in what capacity this person knows you.

Name:

Telephone:

Address:

Capacity:

Declarations

- Because of the nature of voluntary driving for Shinfield Car Service I agree to a 'Disclosure & Barring Service' check and to attend 'MiDAS' Driver Awareness Raising training.
(Please see separate guide for further details)
- If I commence voluntary driving for Shinfield Car Service, I may acquire personal knowledge and information about clients and colleagues. I fully understand that such information must be treated with absolute confidentiality and that I must not discuss this with any persons other than relevant members of the Car Service.
- I confirm that I do/do not* have any medical condition(s) or disability which affects my ability to drive.
(*please delete as applicable)

Please give details, if appropriate:

Signature:

Date:

If you're interested in joining us, please return your form to the SVCS Office at:

The Pavilion, Clares Green Road, Spencers Wood RG7 1DY

Alternatively, please scan the signed application and email to shinvol@gmail.com
On receipt of your application form, we'll get back to you arranged a date and time to meet.
Thank you very much for your application.

For Office Use only:

- Date Reference applied for: Reference received:
- DBS Certificate Number: Date Certificate inspected:
- Date Certificate issued:

Manager's Signature: