Shinfield Voluntary Car Service

Registered Charity No. 1152423

# Application Form Voluntary Driver

All information is kept confidential & stored in accordance with the General Data Protection Regulations of 2018.

## Your Details

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

**First Name:**

**Address:**

**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

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## 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:**

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## Declaration

- 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 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.

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**For Office Use only**

Date Reference applied for: Reference received:
DBS Certificate Number: Date Certificate issued:
Date Certificate inspected: Manager's Signature: