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| Vector24 |

**APPLICATION FORM – Volunteer Outreach Support Driver**

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| **PERSONAL DETAILS:** Please complete in block capitals  SURNAME: ……………………………………………………………. D.O.B:…………………………………………..  FIRST NAMES: ……………………………………………………….. Gender: ……………………………………….  ADDRESS:.………………………………………………………………………………………………………………………………….  …………………………………………………………………………………………………………………………………………………..  POST CODE: ……………………………………………..  TELEPHONE: Day……………………………………. Evening…………………………………………..  Mobile……………………………………………………. E-Mail……………………………………………. |
| **HOBBIES / LEISURE INTERESTS:**    Please describe your hobbies and leisure interests:    …………………………………………………………………………………………………………………………………………………………    …………………………………………………………………………………………………………………………………………………………    Briefly state why you wish to volunteer for Vector24:    ………………………………………………………………………………………………………………………………………………………..    ………………………………………………………………………………………………………………………………………………………..  ………………………………………………………………………………………………………………………………………………………..  ……………………………………………………………………………………………………………………………………………………….. |

**VOLUNTEER DRIVING DETAILS**:

Vehicle Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle Make and Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle Reg No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax Expiry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOT Expiry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have business insurance? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driving Licence No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Valid from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group entitlement: \_\_\_\_\_\_\_\_\_\_\_\_\_ Years license held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any licence endorsements? YES / NO

If YES give details & year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had any convictions during the past 5 years for an offence in connection with a motor vehicle? YES / NO

If YES give details & year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you currently have a fully comprehensive Insurance Policy? YES / NO

Have you ever been refused motor insurance? YES / NO

If YES give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

If YES give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please give details of any additional licences held (HGV, PSV, CT test):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General Health: Do you have a medical condition which has to be notified to DVLA (if you are unsure, please check by going to their web site www.gov.uk – Health and medical conditions.

Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you hold a restricted medical driver’s licence. Yes / No

**References**

Please give the names and addresses of two referees who know you well but are not your relative.

**REFEREE 1 REFEREE 2**

Name: Mr/Mrs/Ms ……………………. Name: Mr/Mrs/Ms …………………….

Address: ………………………………. Address: ……………………………….

…………………………………………… ……………………………………………

……………. Postcode: ………………… ……………. Postcode: …………………

Occupation: ……………………………. Occupation: …………………………….

Telephone: …………………………. Telephone: …………………………….

(Mobile)…………………………………… (Mobile)…………………………………...

**A PVG check will be carried out for this voluntary position.**

Is there anything that you would like to tell us before we carry out this check? You are not required to answer this question, it is optional.

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**AVAILABILITY**

Between what times are you available?

Route Preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(e.g., Hospital Runs)

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| **DAY** | **AM**  **Start**  **Time** | **AM**  **Finish**  **Time** | **PM**  **Start**  **Time** | **PM**  **Finish**  **Time** | **Evening**  **Start**  **Time** | **Evening**  **Finish**  **Time** |
| **Monday** |  |  |  |  |  |  |
| **Tuesday** |  |  |  |  |  |  |
| **Wednesday** |  |  |  |  |  |  |
| **Thursday** |  |  |  |  |  |  |
| **Friday** |  |  |  |  |  |  |
| **Saturday** |  |  |  |  |  |  |
| **Sunday** |  |  |  |  |  |  |

**Qualifications and Courses** (these are not essential as Vector24 provide all of these for their volunteers)

Do you hold a PVG? YES / NO

Are you first aid trained? YES/ NO

Are you mental health first aid trained? YES/ NO