

The Ivers Good Neighbours Scheme



APPLICATION FORM TO BECOME A VOLUNTEER DRIVER

Full Name:	Date of Birth:
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Present address:	Previous address (eg) within the last 5 years: Continue on a separate sheet if necessary
From:	From: To:

Daytime Telephone Number:	Evening (if different):
Best time to ring:	

Car Details:	
Make and Model of car:.....	*Estate/hatchback/saloon *please circle as applicable
Registration Number:.....	*Three door/five door *please circle as applicable
Engine Capacity:.....	
Can the vehicle take a folded wheelchair	Yes No
Names and addresses of insurance company:	Do you hold a full driving licence? Yes/No
	Do you hold a fully comprehensive insurance? Yes/No
Do you have any endorsements: (details)	Yes No (if yes please give details)
Previous voluntary work/relevant experience (if any)	

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Please give the name and address of 2 referees personally known to you of whom neither should be relatives:	
Name:	Name:
Address:	Address:

Do you have any disability or health problems which may affect your voluntary driving? E.g. back problems

Have you ever been convicted of any criminal offence at any time? Yes No
Rehabilitation of Offenders Act 1974 (Exemption) Orders 1975 & 1986.
The provisions relating to the non-disclosure of criminal convictions do not apply to the voluntary work for which you are applying. Therefore, it is necessary for you to disclose any criminal convictions even of, under the Rehabilitation of Offenders Act they would otherwise be regarded as "spent". Disclosing an offence will not necessarily prevent you from volunteering.

I wish to apply to become a voluntary driver. The information I have given is correct at the date of this application. In accordance with the 1998 Data Protection Act, I agree that the GN group may hold information about me for volunteering reasons. This will be kept securely, manually or on computer and accessed only by authorised personnel.

Signed: _____ Date: _____

OFFICE USE ONLY:

Date Interviewed: _____ By: _____

Documents Checked:

Driving licence: Vehicle Insurance: MOT certificate: