



Volunteer Drivers Assessment Form

Drivers Details			
First Name		Surname	
Checklist			
• Is their vehicle's MOT certificate current (for vehicles over 3 years old)?			YES / NO
• Is their insurance schedule valid?			YES / NO
• Have they informed their insurance provider that they are using their vehicle for volunteering purposes? <i>(this may be shown on the insurance certificate as Social, Domestic & Pleasure)</i>			YES / NO
• Does the volunteer have evidence of their vehicle's service history?			YES / NO
• Is their Driving Licence valid?			YES / NO
• Does their print out from the DVLA website show any driving convictions?			YES / NO
If yes, please specify:			
• Is this person legally entitled to drive the vehicle in the UK?			YES / NO
• Are you satisfied with the Driver's declaration form you have received?			YES / NO
• Are you satisfied that this person is competent and has adequate experience to enable them to drive their vehicle to volunteer?			YES / NO
If no, please specify:			
• Are there any concerns about this person's ability to drive safely whilst volunteering?			YES / NO
If yes, please specify:			
This person has been told the following safe driving expectations			
<ul style="list-style-type: none"> <input type="checkbox"/> Not to drive under the influence of drugs or alcohol <input type="checkbox"/> Not to drive when taking medication that warns the user of drowsiness <input type="checkbox"/> Not to drive when ill <input type="checkbox"/> Not to drive when fatigued <input type="checkbox"/> Not to drive a vehicle that is in a dangerous condition <input type="checkbox"/> To report any road traffic accidents they are involved in <input type="checkbox"/> To report any changes to their licence <input type="checkbox"/> To report any changes to the information provided on the Driver's Declaration Form <input type="checkbox"/> To report any DVLA notifiable condition <input type="checkbox"/> To carry out pre-use checks on their vehicle to ensure that it is safe and legal to use <input type="checkbox"/> To adhere to the Highway Code <input type="checkbox"/> To drive with due care and consideration of other road users 		<ul style="list-style-type: none"> <input type="checkbox"/> To drive with the vehicle lights on during the day when there is poor visibility <input type="checkbox"/> To drive within the speed limits <input type="checkbox"/> To plan their journey to allow sufficient time to complete it safely <input type="checkbox"/> Not to use a hand held mobile phone when driving <input type="checkbox"/> To use a hands free phone only when it is safe and legal to do so <input type="checkbox"/> To use in-car technology only when it is safe to do so <input type="checkbox"/> Keep their eyes on the road whilst driving and not to be distracted by attempting to eat, drink or read <input type="checkbox"/> To drive defensively and with courtesy to other road users <input type="checkbox"/> To ensure the safety of any occupants by ensuring that seat belts and head restraints are used correctly 	
I confirm that I have carried out this assessment and authorise them to drive for IGNS			
Signed		Date	
I confirm that I have been involved in this driver assessment and agree to comply with the safe driving expectations of this organisation. I also agree to inform the Chair if these details change.			
Driver signature		Date	