**Form 11 – Volunteer Driver’s Application and Registration**

**Confidential (attach to Form 10 Volunteer Worker’s Application and Registration)**

Parish/Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Name of Applicant: |

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| --- | --- |
| Current Licence Number: | Expiry date: |

Type of License/s Held

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Are there any restrictions on your license? (if yes provide details)

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Provide details of any vehicle accidents in which you have been involved as a driver in the past five years

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Give details of any traffic offences you have been convicted of in the past five years (except parking offences)

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Is your vehicle comprehensively insured? (if so please provide details)

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All voluntary drivers must have insurance coverage. Without insurance drivers are not permitted to act as a volunteer driver. Please attach a photocopy of current driver’s license to this completed form

I confirm that the information I have supplied on this form is true and correct to the best of my knowledge.

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| Signed: | Dated: |