



VOLUNTEER APPLICATION FORM

Manly Warringah Pittwater Community Transport Inc.

SURNAME:		GIVEN NAME:	
TITLE: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other_____			
ADDRESS:			POSTCODE:
E-MAIL:			
TELEPHONE NUMBER: Home:		Work:	Mobile:
CONTACT PERSON IN CASE OF EMERGENCIES			
Surname:		First Name:	Telephone No:
AGE GROUP IN YEARS			
<input type="checkbox"/> 15-19 <input type="checkbox"/> 20-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> 61-70 <input type="checkbox"/> Over 70			
DATE OF BIRTH: _____Day/_____Month/_____Year			
DRIVER'S LICENCE: Class of Licence:.....Licence No:.....Expired Date:.....			
MOTOR VEHICLE: Make/Model: _____Registration No: _____			

SOMETHING SPECIAL ABOUT YOURSELF

Place of Birth:	Language spoken at home:
Country of origin:	
Do you have expertise in a particular field which you may like to share through volunteering? e.g. legal, computing skills, languages, gardening etc...	
Do you have particular skills/hobbies?	
Have you had previous volunteering experience?	

VOLUNTEER SERVICES YOU MAY CHOOSE FROM

SHOPPING SERVICE	<input type="checkbox"/> <i>Driver (LR class)</i>	<input type="checkbox"/> <i>Bus Assistant</i>
MYSTERY DRIVE	<input type="checkbox"/> <i>Driver (LR class)</i>	<input type="checkbox"/> <i>Bus Assistant</i>
INDIVIDUAL TRANSPORT	<input type="checkbox"/> <i>Driver (C class)</i>	<input type="checkbox"/> <i>Bus Assistant</i>
NORTH SHORE SHUTTLE BUS	<input type="checkbox"/> <i>Driver (C class)</i>	<input type="checkbox"/> <i>Bus Assistant</i>
OFFICE ASSISTANCE	<input type="checkbox"/> <i>Office Assistant</i>	

REFERENCES

Please give the name and telephone number of two character referees who are not family members

Name:	Telephone No:
--------------	----------------------

Name:	Telephone No:
--------------	----------------------

Which days of the week would suit your best?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Which days are you definitely NOT available?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Would you be available occasionally on: Weekends Evenings Either?

How often do you wish to work?

Flexible Daily Weekly Fortnightly Monthly Emergencies only Emergency as well as regular trips Other.....

Would you prefer a.... Full days' work? Half a day's work? Either

If you need/prefer to work within restricted hours – please note:

Between.....A.M andP.M

How did you hear of the Manly Warringah Pittwater Community Transport?

Friends/family Library Notice Board Council Bus stop Other.....

MEDICAL HISTORY

- 1. Do you need to wear spectacles or other corrective eye wear? YES NO
- 2. Have you OR do you suffer from diabetes? YES NO
- 3. Have you OR do you suffer from Epilepsy, fits fainting spells or giddiness? YES NO
- 4. Do you have any permanent disability on either foot, leg, hand, arm or eye? YES NO
- 5. Do you have any mental or other disability that might impair your handling of a motor vehicle? YES NO

DRIVING HISTORY

- 1. During the past 5 years have you:
 - A:** had any insurance (not just car) cancelled or declined. Had an above normal excess or special condition of insurance imposed. Had renewal of insurance or claim refused? YES NO
if "YES", give full details.....
 - B:** Received an infringement notice, been charged with or convicted of a driving offence, or lost your driver licence. YES NO
if "YES", give full details of charge, offence, infringement or loss of licence
 - C:** had a motoring accident, a motor vehicle stolen, a motor vehicle burnt, or any other incident which involved damage to a motor vehicle. YES NO

2. Have you driven a large mini bus before? 19 seater 14 seater NO

3. Do you have other recent experience with large vehicles? (If YES, give brief details)

.....

.....

- Yes, I agree to sign and maintain client's confidentiality information
- No, I disagree to sign and maintain client's confidentiality information

Please see attached Confidentiality Policy form for staff and volunteers

Thank you for taking the time to complete our application form

OFFICE USE ONLY

- Volunteer Booklet supplied
- Licence photocopied
- Licence sighted by
- Driver's folder supplied
- Lifting/mobility assistance training
Schedule for _____
- KADDY vehicle training
- Hoist training
- Familiarization completed on __/__/__
- Medical completed on __/__/__

- Explanation Given
- Bus – helper responsibilities
 - Vehicle check
 - Record keeping
 - Fuel procedure
 - Drivers insurance
 - payment of parking/driving fines

Service(s) joined:	Date commenced:
References checked:	Date:
Police Checked:	Date:
Coordinator's signature:	Date:
Driver's licence sighted:	
Notes:	