

**Manning Valley & Area Community Transport Group Inc.
Section 2 Team Management
Document 2.04-1-1 Volunteer Application**

Surname	
First Name	Prefer to be called
Home Street Address	
Town	P'code
Postal Address (if different)	
Town	P'code
Country of Birth	Date of Birth
Phone Number	Mobile
Email:	
Emergency Name and Contact Number	
Mobile	
Skills you can bring to the service as a volunteer (include any training)	
Are you currently employed?	
Occupation	
Are you on any scheme requiring that you volunteer/work experience?	
If yes Name of Organisation	
Commitment Required	
Do you have any health problems that may affect your volunteer work? If so how may these issues be addressed in the workplace?	

DOC 2.04-1-1	Volunteer Application			Date Approved	
Date Document due for review	Date Document Reviewed:	Amendments	Positions informed/trained in amendments	Method	Date
30/6/18	8/3/16	See improvement request	Team members	meeting	17/3/16

Which days are you available for volunteer work?

During which hours?

Would you be available Weekends..... School Hol..... Weeknights.....

Do you speak any language other than English? (if yes which ones)

Have you been involved in volunteer work before? (if yes with whom)

Do you have a first aid certificate?

What would you like to do as a volunteer?

Drivers only

Have you ever been refused or disqualified from holding a drivers licence (if yes please detail)

Do you have any medical conditions which may restrict your ability to drive a vehicle (if yes please detail)

Are you currently taking any medication which may restrict your ability to drive a vehicle (if yes please detail)

To transport clients it is a requirement to have Comprehensive Insurance.

Comprehensive Insurance with?

Cover No	Office use	Sighted	Photocopied
Expiry Date	Type		
Drivers Licence No	Office use	Sighted	Photocopied
Renewal Due	Expiry Date		
Vehicle Rego No	Office use	Sighted	Photocopied
Model & no. of doors			

Signed _____ **Date** _____