

Volunteer Driver Application Form

This form must be attached to a completed "Volunteer Worker's Application & Registration Form".

Driver Information

Driver Name:		Date of Birth:	
Position:	<input type="checkbox"/> Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> VIP <input type="checkbox"/> Other: _____		
Driver's Licence Number:		State:	
Is your private vehicle being used?	<input type="checkbox"/> Yes (complete the rest of this section) <input type="checkbox"/> No (skip to next section)		
Vehicle Insurance Held With:			
Level of Vehicle Insurance:	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party Fire & Theft/Third Party Only <input type="checkbox"/> None		
Have you ever had Vehicle Insurance cancelled or denied?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Reason: _____ _____ _____ _____		

Motor Vehicle Accident History (Last 5 Years)

Year of Accident	Details of the Incident (Only note AT FAULT accidents):

Traffic Infringements, Convictions, or Prosecutions (Last 5 Years)

Date Incurred	Nature of Infringement, Conviction, or Prosecution

Licence Cancellation or Suspension

Date Incurred	Reason for Cancellation or Suspension	Period of Time Enforced

I confirm that the information I have supplied on this form is true and correct to the best of my knowledge. Should it be found the answers are untrue, I understand that may be grounds for dismissal from the position held.

Signed: _____ Date: _____

For Office Use Only:

Date Received:		Processed by:	
Outcome:	? Approved ? Not Approved	Comments:	

This form should be kept on file along with a copy of the driver's current driver's licence.

Revision #2

Created 4 September 2025 19:52:04 by Nathan Keenan

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