



Halton Community Transport Volunteer Application Form

Please return you're completed form to:
Halton Community Transport
33 Ditton Rd
Widnes
WA8 0PP
 or
enquiries@haltoncommunitytransport.co.uk

Voluntary Post applied for: Volunteer Driver/Passenger Escort

Name

Address

.....

Telephone No

.....

Mobile No

Postcode

Date of Birth

Monitoring Information

Please indicate below:

Gender		Marital status		Disability	
Male	Female	Married	Single	Yes	No

If you consider yourself to be disabled, please give details of your disability bellow:

White			Mixed			
British	Irish	Any other white background	White and Black Caribbean	White and Black African	White and Asian	Any other mixed background

Asian or Asian British				Black or Black British			Chinese or other	
Indian	Pakistani	Bangladeshi	Any other Asian background	Caribbean	African	Any other Black background	Chinese	Other

Do you have a full Driving Licence (D1 included issued prior to 1997)? Y / N

If not how long have you held your licence? Years Months

Do you have any points on your licence? Y / N

If yes, what are they for?

Do you have any experience, hobbies or interests relevant to the position you are interested in?

What days are you available for voluntary duties? (state AM/PM or times where appropriate)

DAY	AM	PM
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
SUNDAY		

Please supply the name and address of TWO referees known to you for more than 2 years
(All referees will be contacted)

- | | |
|---|---|
| <p>1.</p> <p>.....</p> <p>.....</p> <p>.....</p> | <p>2.</p> <p>.....</p> <p>.....</p> <p>.....</p> |
|---|---|

Tel: Tel:



Halton Community Transport
Private and Confidential

REHABILITATION OF OFFENDER ACT 1974 (Exemption order 1975)

Because the nature of the work for which you are applying involves direct contact with disabled people, children and the vulnerable we are obliged to ask you to disclose any convictions you may have.

Under the conditions of the above order you are not entitled to withhold information about convictions that might otherwise be considered 'spent'. In the event of employment, voluntary or paid, failure to disclose such information will result in dismissal or disciplinary action.

Name: -----

Nature of Offence: -----

Date of Conviction: -----

Sentence Imposed: -----

DECLARATION: I confirm to the best of my knowledge the information given on this form is correct and can be treated as part of any subsequent Conditions of Engagement.

Signed: -----

Date: -----