



Transport 17 Ltd.

172 Baslow Road, SHEFFIELD, S17 4DR
Telephone No: 0114 236 2962

APPLICATION TO BECOME A VOLUNTEER ASSISTANT

NAME

ADDRESS

.....POSTCODE

TELEPHONE NUMBER

DATE OF BIRTH

Please give details of any relevant experience of working with elderly or disabled people

.....
.....
.....

How many days would you be prepared to give each week

Which days?

Occasional?

MON	TUES	WED	THUR	FRI		SAT	SUN	EVES

Do you have any health problems or disability ? If so, please give brief details.

.....
.....
.....

Are you receiving any medication? **YES / NO** If YES, give details:

.....

REFERENCES We feel it is in the interests of the groups you might assist for to ask you to give the names of two people, who are not close relatives or under 18, who can act as personal referees

Name and address of referee **(1)**

.....

Name and address of referee **(2)**

.....

PLEASE READ CAREFULLY

I declare that the details given are correct to the best of my knowledge. I agree to exercise all due care for the safety of my passengers whilst they are in my charge. I undertake to inform transport 17 of any subsequent illness, condition or event which might affect my ability to act as an assist on the minibus, any accident that occurs whilst I am responsible for passengers on one of Transport 17's vehicles. I understand that all information given will be treated in strictest confidence.

Compliance with our policy on equal opportunities is a condition of any involvement with Transport 17.

Signature of assistant **Date**

FOR OFFICE USE ONLY

FORM RECEIVED DATE SIGNED

APPROVED DATE SIGNED

REFERENCE (1) REQUESTED – DATERECEIVED – DATE

REFERENCE (2) REQUESTED – DATERECEIVED – DATE

NOTES: