

Volunteer Driver Declaration

DRIVERS DETAILS			
Name:			
LICENCE DETAILS			
Licence Number		Expiry Date	
Is it a Probation Licence?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
DRIVING HISTORY			
How long have you held your licence?	_____ Years _____ Months		
Have you ever been convicted of an offence in connection with a Motor vehicle?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
If yes please give details:			
Have you ever had your licence suspended or cancelled?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
If yes please give details:			
Do you have any health problems or disabilities which could affect your role as volunteer driver?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Are you currently on any related Medications?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
If yes please give details:			

I _____ agree to inform Mater Volunteers of any change to or cancellation of my current licence and acknowledge that I as the driver of a Volunteer vehicle will be liable for any traffic infringements ie: parking, speeding or other traffic offence incurred by myself in the course of driving for Mater Volunteers.

Signature _____ Date _____

ADMIN			
<input type="checkbox"/>	Copy of Drivers Licence	<input type="checkbox"/>	Expiry date for licence placed in calendar with reminder to update licence on file
<input type="checkbox"/>	Driver Permission Form Completed (if using Mater Vehicle)	<input type="checkbox"/>	Permission Form Forwarded to Fleet Manager in Supply services
<input type="checkbox"/>	If over 75 received Medical Certificate for Motor Vehicle Driver (F3712)	<input type="checkbox"/>	Reminder set in calendar annually for new Medical Certificate

COPY OF DRIVERS LICENCE
Photo Copy Drivers Licence Here