

Walsall Community Transport The Old Dairy Pelsall Lane Little Bloxwich Walsall WS3 3DH

APPLICATION FORM

Employing organisation (s) name:

To become a volunteer with Walsall Community Transport

Thank you for applying for a volunteering opportunity within Community Transport. As part of the selection process, we should be grateful if you would complete this form fully in black ink and return it to the address at the top of this form.

Tel: 01922 685555

Email: enquiries@walsallct.org.uk

Personal Details	
Forename(s)	Surname
Contact address	Preferred contact telephone number (Work/Home/Mobile)
	Other telephone number (Work/Home/Mobile)
Postcode	E-mail address
Military Cales Calles Languages and Cales and Calles	
Which of the following roles are you interested in? Let's Chat Community Champion	
Driver - Shopping BusesPassenger Assistant – Shopping Buses	
Driver - Days Out	
Admin / Clerical Support	
Other	
Please state previous relevant experience	

Volunteering organisation (s) name:

(Please continue on a separate sheet if necessary) (Please continue on a separate sheet if necessary)	Brief details abo	out your role(s):	Brief details abou	t your role(s):		
Driving Licence Details (if applicable to role description)						
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Driving Licence Details (if applicable to role description) Driver Number:	(Please continue	e on a separate sheet if necessary)	(Please continue c	n a separate she	eet if necessary)	
Driver Number:	When are you	available to volunteer?	<u>.</u>			
Driver Number:						
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Licence Valid From:	Driving Licence	e Details (if applicable to role descript	ion)			
Have you been convicted of any offence in connection with a motor vehicle or had your licence endorsed in the last 5 years? (If you answer 'yes', then please give details in the space provided) YES NO Criminal Convictions Posts within Community Transport are exempt from the Rehabilitation of Offenders Act 1974. You are required to declare any pending prosecutions or convictions you may have, even if they would otherwise be regarded as "spent" under the Act. You must also declare any reprimands, cautions or bind-overs. (Continue of separate sheet if necessary). Date Offence Sentence Court References Please give name and address of at least one referee, not related to you, who is willing to comment on your suitability to volunteer. Name Name Position/Relationship to applicant Position/Relationship to applicant Address Address Telephone no. Data Protection Act 1998: Community Transport will process the information provided on this form for statistical purposes. Declaration: I declare that the information I have given is, to the best of my knowledge, true and correct and may be stored and used in accordance with Community Transport's volunteer policy and procedures. I understand that canvassing or giving false information will disqualify my application, may be used in the detection and prevention of fraud or, if discovered after appointment, may be grounds for dismissal. Applicants Signature Date	Driver Numbe	r:	Da	te Passed Test:		
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