

VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering with Southern Grampians L2P – Learner Driver Mentor Program.

This application form is one of the processes that all applicants must undertake in order to ensure quality assurance processes are adhered to as required by law and our funding body VicRoads. Completing and signing this form will allow you to proceed to the next stage but does not guarantee participation in the program. On receiving your application, the L2P Coordinator will contact you within 5 business days.

1. Personal Details

Title Mr Mrs Miss Ms

First Name	
Surname	
Preferred Name	
Street Address	
Email	
Date of Birth	
Gender	

Contact Details

Home	
Work	
Mobile	

Emergency Contact Details

Name	
Relationship	
Phone	

Are you from a Non English speaking background? Yes No

If so, what is your preferred language? _____

Do you have a current First Aid Training Certificate? Yes No Level: _____

Are you a licensed driver? Yes No Licence No. & type: _____

Are you prepared to undergo a Police Check (name only)? Yes No

Are you prepared to undergo a Working With Children Check ? Yes No

Are you prepared to undergo a Licence check? Yes No

2. Current Employment Status

- Full time work Part time work Looking for work Other commitments
 Retired Student Not looking for work

3. Your Availability

What date are you available to start volunteering (dd/mm/yyyy)? _____

Available: Weekly Fortnightly Ad hoc basis On call

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many hours are you prepared to volunteer per week? _____

4. How did you hear about the L2P Learner Driver Mentor Program?

5. Why would you like to volunteer with the L2P Learner Driver Mentor Program?

6. What qualities/skills do you think you will bring to the L2P Learner Driver Mentor Program?

7. Please list hobbies/interests/other information of relevance.

8. Medical Information

Do you have any medical conditions or are you taking any medication that may impact on your driving and / or your role as a supervising driver? Yes / No

Please list:

1. Referees

Please provide the names and contact details of two referees (**other than a family member**):

1. Name _____ Tel: _____

Relationship to you _____

2. Name _____ Tel: _____

Relationship to you _____

10. DECLARATION – TO BE SIGNED BY ALL APPLICANTS

I, _____ certify that to the best of my knowledge, the information I have supplied above is true and declare that I have read and understood all information provided to me.

I am aware appointment to a volunteer position is subject to:

- A position being available,
- Satisfactory police check(s),
- A satisfactory licence check
- Satisfactory reference checks
- A three month probationary period.

Signature _____ Date _____