



Volunteer Transport Driver - Expression of Interest Form

Name:	Date of Birth:
Address:	
Phone No.	Mobile
Email address:	
What class of driver's license do you hold? What is the expiry date?	
Please tell us about any experience you may have of working with sick, aged and/or disabled people. If you have no previous experience, please tell us why you would like to work with this particular client group.	
Please tell us briefly about your work and recent experience both paid and voluntary.	
How many hours each week would you be able to give to volunteering?	
What days and times are you definitely not available? _____	
Which days and times would you prefer to volunteer? _____	
Do you hold a current First Aid Certificate? (please circle)	YES / NO
Do you have any pre-existing medical conditions that may affect your work? yes, please give details:	YES / NO If

Please provide details of two emergency contacts:	
<i>Name:</i> <i>Address:</i> <i>Phone No</i> <i>Mobile No.:</i> <i>Relationship to you:</i>	<i>Name:</i> <i>Address:</i> <i>Phone No:</i> <i>Mobile No.:</i> <i>Relationship to you:</i>
What motivates you to work as a Volunteer?	
Please provide details of two referees:	
Name: Address: Phone No: Mobile No.: Relationship to you:	Name: Address: Phone No: Mobile No.: Relationship to you:

(Please note that a Police Clearance Certificate will be organized on your behalf before you will be able to commence volunteering.)

Signed:

Date:

Goondiwindi Regional Council is collecting this information in order to comply with its responsibilities and obligations as a Local Government. The information will only be used by Council Officers or Agencies, which may have a legitimate need for the information to process applications or the like. Your information will not be given to any other person or Agency until you have given us permission or we are required to by law.