



Volunteer Driver Application Form

Personal Details

Title: Mr/Ms/Mrs First Name: _____ Last Name: _____

Address: _____

Age: _____ Tel: _____ Mobile: _____

Email: _____

Languages Spoken: English Irish Other: _____

Fluency in English: Yes No

Do you have any medical condition/illness that might affect your work as a volunteer driver? If yes, please give details: _____

Driving Experience

Do you have a full clean driving license? Yes No

Do you own your car? Yes No Make/Model _____ Year ____

Number of Years Driving: _____

Availability

Please tick your available days/time in the table below:

	Mon	Tues	Wed	Thurs	Fri	Sat
Morning						
A/noon						
Evening						

Please indicate your general level of time commitment:

Few hours a day		Few hours a month	
Few hours a week		Whenever time commits	

Other please specify: _____

Referees

Please list 2 references (other than family members):

Name	Relation to	Telephone No.	Email Address
1)			
2)			

Have you any previous Volunteering Experience: Yes No

If yes please outline: _____

Agreement

By signing below you acknowledge that the information provided is true and accurate, and you grant APT the permission to contact the references listed above if deemed necessary.

Signature: _____ Date: _____

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- Thank you for completing this form, please post or fax to the office list below:

Volunteer Driver Scheme
APT
Kilcruttin Business Park
Tullamore
Co. Offaly

T: 057 9341204
F: 057 9352267

- Suitable applicants will be contacted to discuss this volunteering opportunity further
- All successful applicants will be subject to standard Garda Vetting Clearance