

INGLEWOOD COMMUNITY NEIGHBOURHOOD HOUSE INC.

Volunteer Driver Registration

We appreciate your offer of help. For our records please provide the following information.
This information will be kept confidential.

Date: ____ / ____ / _____

Name: _____

Address: _____

Phone No: _____ Mobile No: _____

Email: _____

Birth of Date: ____ / ____ / _____

Current Drivers Licence No: _____ Expiry date _____

Do you have any medical conditions that we need to be aware of?

Emergency Contact: _____ Phone: _____

Emergency Contact Address: _____

The task or role you have volunteered for is:

VOLUNTEER BUS DRIVER

You're Supervisor / Coordinator is:

KIM HANLON

Inglewood Community Neighbourhood House Inc. Centre Manager

As a volunteer of Inglewood Community Bus Service the following conditions apply:

- Only while you are assisting the Inglewood Community Bus Service in the above mentioned clearly defined business activity, and while your assistance is approved known by Inglewood Community Neighbourhood House Board, will you be covered for Public Liability Insurance.
- While acting as a volunteer, a limited personal accident insurance cover will be effected by Inglewood Community Bus Service subject to the terms and conditions of the policy.
- Should any injury occur to you while you are acting as a volunteer of Inglewood Community Bus Service you must notify your Supervisor / Liaison Officer immediately, or as soon as practicable.
- Any accident or incident that occurs in which injury or property damage to others may arise must be reported immediately or as soon as practicable to your Supervisor / Coordinator.
- Under the terms of the Occupational Health and Safety Act 2004, you must follow all established practices, procedures and instructions of Inglewood Community Bus Service which apply to the tasks you have volunteered to perform.
- You are expected to perform the task you have volunteered to perform with all due care, skill and diligence.
- You are classified as a volunteer and not an employee. No wages will be made to you by Inglewood Community Neighbourhood House Inc.
- I confirm that I have read and understood the above mentioned conditions on this information sheet prior to signing it.

Signed: _____

Date: ____/____/____

Official Start Date: ____/____/____

To: : ____/____/____

Police Check Information (office use only)

Police Check Returned: ____/____/____

Result: P / F (please circle)

Reference number: _____ Date of issue: ____/____/____

Questionnaire

We want your volunteer experience at Inglewood Community Neighbourhood House to be a satisfying experience, so please tell us a little about yourself by completing this questionnaire.

How did you hear about volunteering for Inglewood Community Bus Service?

What do you hope to gain through your volunteer experience at Inglewood?

Please tick correct answer/s:

Personal satisfaction Community service Meet new people

Develop new skills

If other, please specify:

What skills would you be willing to share with us? A skill can be an acquired ability, lifelong talent or interest.

I am willing to volunteer: Mornings Afternoons Evenings

Other (special events/work weekends, etc)

Please circle what days will suit you best:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Number of hours you wish to volunteer: _____

Is there anything else you would like to share about yourself (background, past experiences etc?)
