

APPLICATION FORM

Giving Petersfield a lift!

When completed please either

Email the completed form to PetersfieldVoluntaryCareGroup@gmail.com or
Deliver / Post to 84, Moggs Mead GU31 4PH (road opposite Premier Stores)

Name _____ Title (Mr/Mrs/Ms/Miss etc) _____

Home Telephone Number _____ Mobile _____

Email Address _____ DOB _____

Address _____

_____ Postcode _____

Make & Model of car _____ Number doors _____

Do you have fully comprehensive car insurance? _____

You will need to inform your insurance company that you are a voluntary driver.

There should be no extra premium under the ABI agreement as you
will be paid 45p a mile which is within the Government's guideline Informed Yes/No _____

An Enhanced DBS check for adults is needed if you are going to take passengers in your car,
handle money or enter a client's house.

Do you already have an Enhanced DBS check for Adults within the last 5 years? _____

If so please give date and ref no _____

Are you willing for Data Protection purposes for us to hold your details. _____

Details of our Data Protection Policy can be found at www.pvcg.org.uk/Policies

Please give details of your Next of Kin in case of emergency. Please include address and
telephone no.

Please give names and addresses of 2 referees:

Referee 1	
Name	
Address	
Email	
Tel No	

Referee 2	
Name	
Address	
Email	
Tel No	

I understand that any information I receive in the course of my duties with PVCG will remain confidential.

I would like to volunteer as a driver

Signed

 Date
