
Volunteer Passenger Assistant Application Form

Personal Details

Full Name.....

Address.....

.....

Postcode.....

Home Tel..... Mobile.....

Email

Date of Birth

National Insurance Number.....

Health Details

Please give details of any condition or disability you have which would affect your ability to carry out your role safely now or in the future

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Do you need to wear glasses or any visual aids? YES/NO

If YES have you had an eye test in the last 3 years? YES/NO

Emergency Contact

Full Name.....

Relationship to you

Contact number

Additional Information

If you wish to give any further information to support your application, please do so below.

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References

Please write down the name and address of two referees who can supply references and who have known you at least two years (sorry but we cannot accept family)

Referee 1	Referee 2
Name.....	Name.....
Address.....	Address.....
.....
.....
.....
.....
Email.....	Email.....
Tel.	Tel.
In what capacity do they know you?	In what capacity do they know you?
.....
How long have they known you?	How long have they known you?
.....

GDPR (General Data Protection Regulation)

I agree that my personal information may be stored by Tenbury Transport Trust for as long as I am a volunteer/staff or until I request that it is removed (please tick)

I wish to apply to become a volunteer passenger assistant with Tenbury Transport Trust. The information I have given is correct at the date of this application (please tick)

Signed Date.....