



34Teme Street,  
Tenbury Wells  
Worcs WR15 8AA  
Tel: 01584 810491

E-mail : admin@tttrust.org.uk  
Website: www.tttrust.org.uk

## Volunteer Driver Application Form

### Personal Details

Full Name.....

Address.....

.....

Postcode.....

Tel..... Mobile.....

Email.....

Date of Birth.....

National Insurance Number.....

### Driving Details

1. Do you have any licence endorsements? YES/NO

If YES please give details and dates:

.....

.....

.....

Have you had any convictions during the past 5 years for an offence in connection with a motor vehicle? YES/ NO

Are there any prosecutions pending? YES/NO

Have you ever been refused motor insurance? YES/NO

Have you been involved as a driver in an accident in the last 5 years? YES/NO

If YES to any of the above please give details:

.....

.....

.....

.....

**Health Details**

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

.....  
.....  
.....  
.....

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

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

**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**  
 Name.....  
 Address.....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....  
 In what capacity do they know you?  
 .....  
 How long have they known you?  
 .....  
 .....

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

I wish to apply to become a volunteer driver with Tenbury Transport Trust. The information I have given is correct at the date of this application.

Signed..... Date.....