

Application for a Volunteer Fellowship

Driver Position

**Drivers for Therapeutic Community Fellowship meetings must be members of the Fellowship. Past residents of the Buttery are particularly welcome.**

Are you part of the Fellowship or a past resident? **Yes / No**

(Please note that if your answer is no, unfortunately this is a requirement due to the nature of the role.) If we have a need for general volunteers, we will advertise these roles separately.

**Drivers must supply:**

* A current police check (less than 3 years old) and
* Be approved by our insurance company before commencement.

The Buttery will reimburse the cost of a police check.

**CONTACT DETAILS**

|  |  |
| --- | --- |
| **First Name** | **Last Name** |
|  |  |
|  |  |
| **Phone Number** | **Email** |
|  |  |

|  |  |
| --- | --- |
| **Street Address** | **City** |
|  |  |
|  |  |
| **State** | **Postcode** |
|  |  |
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|  | |

Volunteers are required to drive a manual minibus. A standard driving licence is sufficient.

Can you drive a manual vehicle? **Yes / No**

The Buttery staff will accompany the volunteer driver for a short test drive to ensure suitability.

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| --- | --- |
| **Licence No.** | **Licence Class** |
|  |  |

|  |  |
| --- | --- |
|  |  |
| **AVAILABILITY**  What days are you available to drive? | |
| ☐Mondays ☐Tuesdays ☐Wednesdays ☐Thursdays ☐Fridays ☐Saturdays ☐Sundays | |
|  |  |
| What times are you available to drive? | |
| ☐Mornings ☐Daytime ☐Evenings ☐All day | |
|  | |

**REFERENCES**

# **PLEASE PROVIDE THE NAMES, PHONE and/or EMAIL ADDRESSES OF TWO REFEREES/SPONSORS**

|  |  |
| --- | --- |
| **REFEREE 1: Name** | **Position / Relationship** |
|  |  |
|  |  |
| **Phone Number** | **Email** |
|  |  |
| **REFEREE 2: Name** | **Position / Relationship** |
|  |  |
| **Phone Number** | **Email** |
|  |  |

**DRIVING RECORD FOR INSURANCE**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| During the last 10 years, have you had any fines or penalties imposed for a traffic offence, other than a parking fine? |  |  |
| During the last 10 years, have you been charged with or convicted of any driving related alcohol or drug offences? |  |  |
| During the last 10 years, have you had a driver's license cancelled or suspended or been disqualified from holding a driver's license for any period? |  |  |
| During the last 10 years, have you been responsible for causing any motor accident? |  |  |
| During the last 10 years, have you had any other incidents involving vehicle damage or vehicle theft? |  |  |
| Have you been charged or convicted of any crime involving drugs, dishonesty or violence against any person or property during the last 10 years, or are you currently awaiting a court hearing or do you have charges pending for such offences? |  |  |
| Have you been declared bankrupt and not been discharged for at least one year? |  |  |
| During the last 3 years, has any insurer refused to insure any motor vehicle for you? |  |  |

If you have answered yes to any of the questions, please provide details below, including the name of any insurer involved. You can obtain your driving record from the licensing authority in your state.

**Date Details (including name of insurer where relevant)**

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If you already have a current police check, please attach it.

If you have a resume, please attach it.

Thank you. We will be in touch once your application is processed.