

**MEMBERSHIP APPLICATION:** Please select the type of membership you are applying for –  
Passenger  Temporary Passenger  Passenger's Carer  Associate Group   
Volunteer Escort  Volunteer Driver  Volunteer Administrator

**NAME AND ADDRESS** of Member or Associate Group Contact

Title \_\_\_\_\_ Full name \_\_\_\_\_

House No./Name \_\_\_\_\_ Street \_\_\_\_\_

Town \_\_\_\_\_ Post Code \_\_\_\_\_

Home Tel \_\_\_\_\_ Mobile No. \_\_\_\_\_

E-mail \_\_\_\_\_

Do you have a Blue Badge? Yes/No \_\_\_\_\_ Do you use a walking frame? Yes/No \_\_\_\_\_

Blue Badge Expiry Date \_\_\_\_\_

Associate Group (if applicable) \_\_\_\_\_

**DIVISION** (to be completed by your Village Organiser) \_\_\_\_\_

**ANNUAL SUBSCRIPTION AND FARES** - Details are available from the Divisional Organiser.

**CONTACT: Who should we contact in the case of emergency?**

Title \_\_\_\_\_ Full name \_\_\_\_\_ Relationship \_\_\_\_\_

House No./Name \_\_\_\_\_ Street \_\_\_\_\_

Town \_\_\_\_\_ Post Code \_\_\_\_\_

Home Tel \_\_\_\_\_ Mobile No. \_\_\_\_\_

**Note for Associate Group Membership** – your signature indicates agreement, on behalf of your Group, to ensure that the rules and regulations of the charity are met and observed throughout the period of use of the charity's minibuses.

**PLEASE COMPLETE DECLARATION OF ACCEPTANCE OVERLEAF**

**TO BE COMPLETED BY MEMBERSHIP OFFICER:**

DATE OF REGISTRATION \_\_\_\_\_ MEMBERSHIP NO(s) \_\_\_\_\_

SUBSCRIPTION RECEIVED £ \_\_\_\_\_

### ADDITIONAL INFORMATION required for VOLUNTEER DRIVER

**Driving Licence No.** (Please print clearly)

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Details of all accidents in the last 3 years (continue on a separate sheet if necessary)

1. Do you have (or have a history of) defective hearing or vision (not corrected by glasses or hearing aid), diabetes or disease or physical or mental condition which may affect your fitness as a driver?

Yes/No

Have you:

2. been convicted during the last 5 years of any road traffic offence?

Yes/No

3. ever been disqualified from driving?

Yes/No

4. have any prosecution or police enquiry pending?

Yes/No

If 'Yes' to 1-4 please give full details (continue on a separate sheet if necessary)

You are reminded that you are required by law to inform the Drivers Medical Unit, DVLA, Swansea SA99 1TU at once if you have any disability which is, or may become, likely to affect your ability to drive.

As a transport charity the safety and legality of our drivers is paramount. You are therefore required to provide a photocopy of your driving licence and the Shared Licence Information report from the DVLA with this form. Your Divisional Organiser can give you any help you need to obtain this paperwork.

Any changes to your driving licence information must be reported immediately to your Divisional Organiser

### HANDBOOK AND TRAINING

All driver and escort volunteers must read the Association's Driver and Escort Handbook. You are also expected to attend short re-assessment sessions to receive up-to-date information and to practise practical situations. Your signature below indicates that you agree to abide by the rules of the charity.

### DECLARATION OF ACCEPTANCE

I agree that the information I have provided may be entered into the Association's database which is solely for the Association's use and is accessible by a limited number of Administrative Volunteers.

Signed \_\_\_\_\_ Date \_\_\_\_\_

If you would also like to receive information about the Association from time to time, please tick one or more of the following boxes:

I would like to receive general information about the Association by post  or email .

I would like to receive information about the Association's fundraising activities by post  or email .

In accordance with the Data Protection Act and General Data Protection Regulations details of your information that we hold may be requested from the Membership Secretary, who will respond within 30 days. You may ask for your personal details to be removed from the Database at any time and if you cease to be a member your personal details will not be retained for longer than is necessary.