Please complete the below information to register your details with us.

It is important that the information you provide is accurate. The information you provide on this form will only be used by us at HVC and held securely on our database.

**For help filling in this form please email** [**huntingdon@huntsvc.org.uk**](mailto:huntingdon@huntsvc.org.uk) **or call us on 01480 414766 / 07849 794490**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Questions** | **Your Answers** | | | | | |
| **Q1: Name** | | | | | | |
| **Title** |  | | | | | |
| **First Name** |  | | | | | |
| **Surname** |  | | | | | |
| **Q2: Contact Details & Address** | | | | | | |
| **Email address** |  | | | | | |
| **Telephone number** |  | | | | | |
| **Mobile number** |  | | | | | |
| **Address line 1** |  | | | | | |
| **Address line 2** |  | | | | | |
| **Town** |  | | | | | |
| **County** |  | | | | | |
| **Postcode** |  | | | | | |
| **Driving Licence Number &**  **Expiry Date** |  | | | | | |
| **Q3: About You** |  | | | | | |
| **Date of Birth** | DD/MM/YY | | | | | |
| **Age Category** | Under 18  46 – 55  18 – 25  56 – 65  26 - 35  Over 65  36 - 45 | | | | | |
| **Gender** | Female  Male | | | | | |
| **Employment Status** | Full time employed  Part time employed  Unemployed  In education / training  Retired  Looking after family / home  Unable to work through ill health  Not seeking employment  Other  Prefer not to say | | | | | |
| **Disability Status** | Disabled  Not disabled | | | | | |
| **Do you have an Enhanced DBS Certificate?** | Yes, My DBS Number is:  No | | | | | |
| **Would you like to be added to our Drivers ‘SOS’ WhatsApp Group?** | Yes  No  This is used in case of emergencies ie: “My car will not start, would anyone be available to cover my scheduled drive this morning” | | | | | |
| **Free Text- for you to write anything about yourself** |  | | | | | |
| **Q4: Your Availability** | | | | | | |
| **What time of the day, and days of the week are you available to be a volunteer driver?**  *Select all the relevant boxes that apply.*   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **All** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** | **Sun** | | **AM** |  |  |  |  |  |  |  | | **PM** |  |  |  |  |  |  |  | | **EVE** |  |  |  |  |  |  |  | | | | | | | |
| **Q5: Referees** | | | | | | |
| **Please give the names and addresses of 2 people who can give you a reference:**  **(this person must not be a family member)** | | | | | | |
| **Referee 1 Name** | | |  | | | |
| **Daytime telephone number** | | |  | | | |
| **E-mail** | | |  | | | |
| **Address** | | |  | | | |
| **Postcode** | | |  | | | |
| **Referee 2 Name** | | |  | | | |
| **Daytime telephone number** | | |  | | | |
| **E-mail** | | |  | | | |
| **Address** | | |  | | | |
| **Postcode** | | |  | | | |
| **Q6: Your Vehicle Details** | | | | | | |
| **Vehicle Make & Model** | |  | | | | |
| **No of seats for passengers** | |  | | **Vehicle Colour:** | |  |
| **Insurance Expiry Date** | |  | | **MOT Expiry Date:** | |  |
| **Your Vehicle Type** | | **2 door?** | | **4/5 door?** | | **People Carrier?** |
| **Are you able to transport** | | **Collapsible Wheelchair?** | | | **Rollator?** | **Assistance Dog?** |

Registering with HVC – Terms and Conditions

In order for us to comply with GDPR we need your permission to hold your personal details on our system. Your details will be held securely and will be used solely for the purposes of administration, communication of Huntingdonshire Volunteer Centre matters and statutory or other legal requirements.

Any photographs or video, both in hard copy & online (including social media and our website), will be used to promote the work of Huntingdonshire Volunteer Centre.

**Please indicate with a tick that you have agreed to these conditions:**

1. √

I agree, you may hold my personal details and use them to contact me

I agree to photographs/video for promoting the work of HVC

1. √

Please provide us with a contact in case of emergency:

|  |  |  |  |
| --- | --- | --- | --- |
| Emergency Contact | Phone: | e-mail: |  |

|  |  |
| --- | --- |
| Your Signature |  |
| Date |  |

**Thank you completing our volunteer driver registration form!**

**Please send your completed form to the following email address:** [**huntingdon@huntsvc.org.uk**](mailto:huntingdon@huntsvc.org.uk)

**Huntingdon Office, Maple Centre, 6 Oak Drive, Huntingdon, PE29 7HN**

**Tel: 01480 414766**

**E-mail:** [**huntingdon@huntsvc.org.uk**](mailto:huntingdon@huntsvc.org.uk)