

# Volunteer Bus Driver Application Form



Full Name:

Date of Birth:

Address:

Email:

Phone:

Licence #

Class of License:

Expiry Date:

**Attach digital license or image of both sides of license.**

## **Working With Children Check**

Do you have a current WWCC? Yes No

Please provide a photocopy (attach) or authorization number below:

APP:

Or

WWC:

## **COVID-19 Vaccination Status**

Have you received all required COVID-19 Vaccinations? Yes No

**Attach copy of COVID-19 digital certificate.**

## **Driving History**

Have you ever been charged with or convicted of a motoring offence other than a parking offence in the last three years? Yes No If yes, please list or attach details:

During the last three years have you been involved in a motor vehicle accident or claimed against an insurance company for motor vehicle damages? Yes No If yes, please list or attach details:

## **Insurance**

Has any insurer refused or cancelled or required special terms to insure you for motor vehicle coverage?

Yes No If yes, please list or attach details:

## **Health**

Have you ever suffered from (or are now suffering from) defective vision, heart complaint, fits of any kind or any other disability that may affect your ability to drive?

Yes No If yes, please list or attach details:

Do you regularly take any medication that may have any effect on your ability to drive a motor vehicle?

Yes No If yes, please list or attach details:

**CoastAbility**

PO Box 616, West Gosford NSW 2250

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Is there any other relevant facts which may influence your ability to drive or our ability to insure you?

Yes    No    If yes, please list or attach details:

## Referees

Referee #1 (name and phone number)

Referee #2 (name and phone number)

## Emergency Contact

Name:

Relationship:

Phone:

## Social Media Consent

I consent to my image/voice and activity undertaken being used on CoastAbility website, print media and/or social media sites (Facebook, Instagram, YouTube, Twitter) on behalf of CoastAbility and for no other purpose. \*

Yes    No

I agree to be contacted should CoastAbility be approached about any additional media use requests so that further consent may be given in respect thereto.

Yes    No

Please confirm where multimedia can be used:

In Perpetuity    Only Once

## Declaration Confirmation:

I declare that the above information is true and correct to the best of my knowledge.

Your Full Name:

Date: