

**Volunteers / Driving Mentors**

**Personal Details:**

**Full Name:** .....

**Address:** .....

**Phone:** ..... **Email:** .....

**Date of Birth:** ..... / ..... / ..... **Nationality:** .....

**Emergency Contact:**

**Name:** .....

**Address:** .....

**Phone:** ..... **Relationship to you**.....

**Which role are you volunteering for?** Driving Mentor / Child Minding / Driver?

**Do you have a valid NZ Full drivers licence?** Yes / No How long? .....

**Do you have any disabilities, medical conditions or are taking any medication which could affect your ability to supervise a learner driver or to mind children while their mother is in class?**

If yes, please give details .....

**Have you been convicted of a criminal offence in the past seven years, or convicted of an offence not covered by the Clean Slate Act?** Yes / No

**Do you have any pending convictions?** Yes / No

If yes, please state .....

**Do you feel you can meet the minimum commitment of spending at least 2 1 hour sessions every week with your assigned learner driver until they are a competent driver and able to sit their licence?** Yes / No

**Comments (e.g. availability, preferred time of day)** .....

I declare that the information on this form is true and correct. I authorise the programme co-ordinator to verify my eligibility and to share information pertaining to my enrolment with other training partners.

I acknowledge receipt of information relating to the collection, use and disclosure of personal information under the Privacy Act 1993.

**Signed:** ..... **Date:** .....

**Programme Coordinator:**

**Wendy Hewitt, Safer Ashburton, Community House, 44 Cass Street Ashburton. Phone 027 611 3301**

**Email: [wendy@saferashburton.org.nz](mailto:wendy@saferashburton.org.nz)**

**Date:** .....

**Licence No** .....**Version No**.....

**Date Licence Obtained** .....