STORRINGTON AREA HELP SCHEME: 1203336

Volunteer Driver Application Form

Please complete the following details and return to Alan Craig at 'Bearsden', 1 Nightingale Park, Storrington, West Sussex RH20 4LY

I would like to join the group of volunteer drivers and am prepared to provide essential transport by taking passengers to hospitals, doctor's surgeries, dentists, opticians and chiropodists in the following locations. Please tick as appropriate.

☐ **Hospitals and clinics in West Sussex area.**

☐ **Local area only**

Are there any times or days when you would definitely NOT be available?

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☐ **I confirm I have comprehensive car insurance cover and have contacted my insurance company to explain I will on occasions be taking passengers to healthcare appointments as a volunteer driver. I attach a copy of my valid driving licence.**

Who or what encouraged you to become a volunteer?

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Name ……

Address……

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Post Code……

Preferred telephone number (H)…… or (M)……

Email address……

Signature……

Date……

NB: PERSONAL DATA and GDPR
The Help Scheme complies with the provisions of the General Data Protection Regulations 2018 and has a duty to keep your personal data secure. We will not pass on your contact information to any third party unless legally obliged to do so and your personal data will be deleted when you leave the organisation.