Contact Selsdon Community Centre 132, Addington Road South Croydon, CR2 8LA Telephone: 020 8651 4944

Fax: 020 8657 2268

Email: info@selsdoncontact.org.uk



www.selsdoncontact.org.uk

## Dear

We are delighted that you have agreed to become a Volunteer Driver with Contact. You will appreciate that we have an obligation to protect you, our clients and the organisation. As a result we need to ensure certain procedures are in place. Please could you complete the following form and sign it to indicate the information provided is correct and return it to me as soon as possible.

Should any information provided on the form below change, please let me know so that we can update our records and be confident that all our drivers and clients are safeguarded. In particular, please ensure that any incident whilst driving for the organisation is reported to me as soon as possible.

Thank you.

Yours sincerely

Jasmine Singh	
Manager.	
*	
Volunteer's Name	
Address	
Phone No:	
Please detach and return the form to Contact.	
Please tick each of the following if it is correct:	
$ oxdot$ I have notified the Contact manager of any driving accident I have had in the past 3 $_{ m N}$	years.
□ I have a full driving licence. Date issued:	
□ I have notified the Contact manager of any penalties incurred on my licence.	
□ I will notify Contact if I incur any penalties on my licence.	
□ The vehicle I am using to offer lifts is registered in my name (or my partner's name).	
$  exttt{ o} $ I have notified my insurers that I am driving as a volunteer for Contact and may rece	ive
reimbursement of expenses.	
□ I have a current MOT for the car.	
□ I have current road tax for my car.	

Contact: Selsdon Churches Neighbourhood Care Charitable Incorporated Organisation Registered Charity 1124346

□ My car has insurance which allows me to drive for Contact.

•	n given above is correct and that I will notify the office
should any of the above change.	
Signed	Date:
Name (Block Capitals)	

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