



# Community Bus NOMINATED DRIVER REGISTRATION FORM



Driver Name:		
Address:		
Town/Suburb:	P/Code:	
Phone:	Mobile:	
Email:		
Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> X <input type="checkbox"/>	
Driver's Licence No:	Class:	Expiry Date:
Would you consider becoming a Volunteer Driver for other groups? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever been convicted of a driving offence? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you object to obtaining a Police Clearance if required? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have any physical limitations which might limit your ability to perform the task of volunteer bus driver? Yes <input type="checkbox"/> No <input type="checkbox"/>		

*As an official Nominated Driver of the Shire of Shark Bay Community Bus I acknowledge the responsibilities associated with being a Volunteer Driver.*

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

*Attached is a copy of both sides of drivers licence.*