



**COMMUNITY BUS  
HIRE FORM**

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*Group Name:*

*Address:*

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*Contact Person*

*Contact Phone Number:*

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*Date of Hire:*

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*Destination:*

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*Pickup:*

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*Return:*

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*Kilometres:*

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*Driver:*

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*Wheelchair Passengers*

*YES / NO*

*If YES, 1 or 2 wheelchair passengers*

## VOLUNTEER DRIVER REGISTRATION FORM

*Name:*

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*Address:*

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*Telephone:*

*Fax:*

*Email:*

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*Date of Birth:*

*Gender:*

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*Drivers License No:*

*Expiry Date:*

*Class:*

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*Would you consider becoming a volunteer driver for other groups?*

*(Circle your response)*

*YES / NO*

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*If YES*

*Days/Times Available:*

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*Have you ever been convicted of a driving offence?*

*(Circle your response)*

*YES / NO*

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*Do you object to obtaining a Police clearance if required?*

*(Circle your response)*

*YES / NO*

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*Do you have any physical limitations which might limit your ability to perform the task of volunteer bus driver?*

*(Circle your response)*

*YES / NO*

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***AS AN OFFICIAL VOLUNTEER DRIVER OF THE SHIRE OF GINGIN COMMUNITY BUS I ACKNOWLEDGE THE RESPONSIBILITIES ASSOCIATED WITH BEING A VOLUNTEER DRIVER.***

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***SIGNED:***

***DATE:***