

L2P Supervising Driver Application Form



The personal information on this form is for the purpose of registering you as a volunteer with the L2P program. The information will be used for this purpose only and will not be disclosed to other organizations unless required to do so by law.

Personal Details	
Surname:	First Name:
Home Address:	Postcode:
Email:	
Home Phone No:	Mobile:
Work Phone No:	Date of birth:
Emergency contact	
Name:	
Home Address:	
Home Phone No:	Mobile Phone No:
Other information	
Victorian Drivers License Number:	Expiry Date:

Please provide details of two professional/work, study/community based referees who you authorize for us to contact who can provide a character reference. (Referees must have been known by the applicant for 12 months and must not be family members)

	Name	Organisation	Position/Relationship	Phone
1				
2				

Please indicate your availability for volunteering, including times between 8.00am and 9.00pm inclusive:

Monday	Tues	Wed	Thurs	Fri	Sat	Sun

I agree to undertake all training relevant to the L2P program	Yes	No
I agree to undertake a Working with Children Check / hold a current Working with Children Check	Yes	No
I agree to undertake a VicRoads Drive History Report on my behalf/hold a current DHR	Yes	No
I give permission for my information to be shared with VicRoads for reporting purposes	Yes	No

Signature: _____

Date: _____

