



Volunteer Driver Declaration Form
(Statement of Understanding)

Driver's Name:	
Driver's Address:	

Volunteer Driver Declaration:

I wish to be a LBVPT volunteer driver. I have received my volunteer pack with details of what is involved and I understand fully what I may be asked to do.

I confirm that my car is taxed, with a current MOT certificate if needed, and that I hold a valid driving licence and motor insurance. Should any of these lapse I will inform the Committee and will not undertake any further volunteer driving until the legal requirements governing the use of motor vehicles are again in place.

I have advised my insurance company of my intention to drive on a voluntary basis and they have confirmed that I am so covered. Should I change insurance companies, I will seek similar confirmation from my new insurer. *(Some insurance companies may want details of your volunteer driving in writing and a form is provided in the volunteer pack for this purpose. Further copies are available from the committee. NB, it is recommended that you ask your insurance company to confirm in writing that you are covered for volunteer driving if such cover is not specifically included in the policy document.)*

My car is currently, and will be kept, in a safe and roadworthy condition. I will follow the guidelines for safer driving included in my pack and will at all times comply with legislation governing the use of motor vehicles. Should my driving licence be endorsed I will inform the Committee before undertaking any further volunteer driving.

I understand that an endorsement will not necessarily preclude me from being a volunteer driver but that the Committee may exercise the right to require that my role as a volunteer driver should cease in the event of any incident that endangers or potentially endangers my own safety or that of my passengers and other road users.

I will inform the Committee of any material change in my health or any other circumstances that may affect my ability to carry out voluntary driving work.

Signed:	Name:	Date:
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