

SCARF

Record of Volunteer Driver's Private Vehicle Registration & Insurance

This form is to be completed by all volunteers before using their private vehicle to transport community members. Please return this form to the SCARF Office for approval.

In all SCARF documents "*community members*" refers to refugee entrants accessing SCARF services.

Volunteer Driver's Details:

Name: _____ Telephone: _____
Please PRINT

Driver's Licence No: _____ Expiry Date: ____/____/____

Signed: _____ Date: ____/____/____

Vehicle Details:

Make: _____ Vehicle Model: _____

Registration Number: _____ Registration Expiry Date: ____/____/____

Vehicle Comprehensive Insurance:

Insurer: _____

Policy number: _____ Expiry Date: ____/____/____

SCARF ADMINISTRATION TO COMPLETE:

Original documents sighted by:

Name: _____
Please PRINT

Signed: _____ Date: ____/____/____