TO BE COMPLETED BY THE VOLUNTEER: DATE:

Surname:	First Name: Date of Birth:				
Address:				Please attach a recent passport sized photo if possible	
Suburb:		Postcode:			
Day-time phone number:		After hours phone number:			
Mobile:					
E-mail:					
Victorian Drivers License		Expiry Date:			
Emergency Contact: Name : Relationship :		Telephone: BH: AH: Mobile:			
Employment details : Fulltime Casual Other 			Part time Retired		





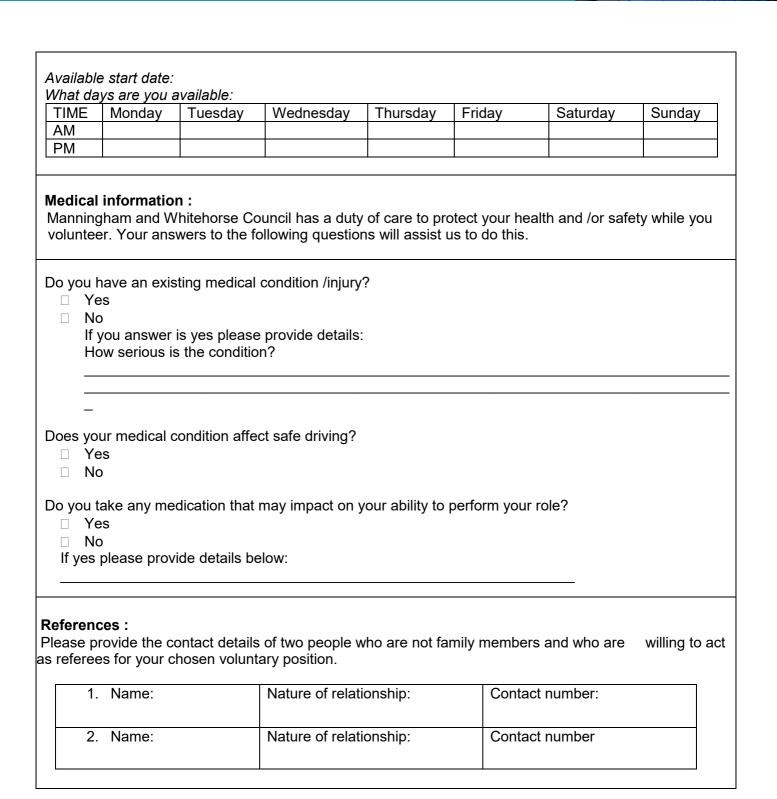


 Why would you like to become an TAC L2P Mentor: tick as many as you find appropriate Opportunity to build relationships Personal satisfaction Give back to community Pass on skills Other
Are you willing to commit to the program for a minimum of 12 months? Yes No
How did you hear about the TAC L2P program: News paper Friends/family Internet Other
Do you agree to undertake a Police Check? Yes No
 Do you agree to undertake a Working with Children Check (volunteer)? Yes please go to : <u>http://www.workingwithchildren.vic.gov.au/</u> No
Do you agree to undertake a Vic Roads Driver History Check? Yes No
Do you agree to attend Vic Roads Training : (one on-line session, 2 group sessions) Yes No
Do you agree to attend intake interview with L2P Project officer
Is there anything Manningham and Whitehorse City Council needs to be aware of that would affect your ability to safely and durably perform the inherent requirements of the job? Yes No

















Declaration:

The personal information in this form is for the purpose of registering as an applicant for a volunteer mentor within the TAC Manningham Whitehorse Council L2P program.

I acknowledge that if my application proceeds I will be required to undertake pre-commencement checks to assess my suitability for the role. Council is to be notified of any pre-exciting injury/illness that may be affected by the inherent requirements of this position. Failure to disclose relevant information in regard to a pre-existing injury/illness that might be affected by the nature if the proposed employment could result in injury /illness not being eligible for future compensation claims.

I agree that all information provided is true and accurate.

I have read and understood the above statements:

Signature:

Please forward the completed application form along with any supporting documentation to: <u>L2P@Manningham.vic.gov.au</u>

Or post to: L2P program PO Box 1 Doncaster Victoria 3108

Please phone L2P Project worker if you have any queries: 9846 0537

Thank you for your interest in becoming an L2P volunteer, you will be contacted shortly to arrange an intake interview.

The TAC L2P Program is a joint partnership between the Transport Accident Commission and Department of Transport, supported by the Victorian Government.



Date: / /

