L2P Program
Volunteer Learner Driver Mentor
Application Form

Personal Details	
First Name:	
Last Name:	
Preferred Name:	
Address:	
Phone Number:	
Email Address:	
Preferred method of contact: ☐ Mail ☐ Email ☐ Phone	
Country of Birth:	
Language/s Spoken:	
Preferred Language:	
Are you of Aboriginal or Torres Strait Islander descent? ☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander	
Medical Information	
Do you have an existing medical disability/condition/injury that may affect your driving abilities?	☐ Yes ☐ No
If yes, please provide details.	
Do you take any medication that may affect your participation in this program?	☐ Yes ☐ No
If yes, please provide details.	

Emergency Contacts (please provide at least one)	
EMERGENCY CONTACT DETAILS 1:	
Name:	
Relationship to you:	
Phone Number:	
EMERGENCY CONTACT DETAILS 2:	
Name:	
Relationship to you:	
Phone Number:	

Reference (please provide at least one)	
REFERENCE CONTACT DETAILS 1:	
Name:	
Relationship to you:	
Phone Number:	
Email:	
REFERENCE CONTACT DETAILS 2:	
Name:	
Relationship to you:	
Phone Number:	
Email:	

Drivers Licence and Working With Vulnerable People Card details	
Licence Number:	
Licence Expiry Date:	
WWVP Card Number:	
WWVP Card Expiry Date:	

What days and times are you available to participate in this program?						
Mon	**Tue**	**Wed**	**Thurs**	**Fri**	**Sat**	**Sun**

Other Information	
Learner Driver Preference:	☐ Male ☐ Female ☐ Either
Did you need assistance in completing this form?	☐ Yes ☐ No
How did you hear about this program?	

Signature: _____ Date: _____