CWU HUMANITARIAN AID

CONVOY VOLUNTEER FORM

**(Best Handwriting Please)**

**First Names: *(As detailed on Passport)* Last Name: *(As detailed on Passport)***

**Date of Birth:**

**I wish to volunteer for the: May Convoy September Convoy**

**Name of your co-driver:**

**Your Home Address:**

**Post Code: e-mail address:**

**Mobile No: Home Phone:**

**Emergency Contact Name: Tel No:**

**Employer/Business:**

**Driving Licence No: Date passed driving test:**

**Do you hold a CPC card? Do You Have a Digi-tacho card?**

**Passport No: Date of Issue:**

**Date of Expiry: Issuing Authority:**

**Signed: Dated:**

**Please return to: Lenny Crook, CWU Office, 75 Garstang Rd, Preston, PR1 1LD**

**or E-mail: cwuhaprojectworkers@gmail.com**