

# Service by Emergency Rider Volunteers



SERV Hampshire  
41 Lower St Helens Road  
Hedge End  
Hampshire  
SO30 0LX

Phone : 07017 891002  
Email : membership@servhampshire.org.uk

Thank you for considering volunteering for SERV, please print your details CLEARLY and ACCURATELY below, then forward your completed form to the address above along with two passport photos and if applicable your £30 deposit for a Hi-Viz JACKET (cheques made payable to 'SERV HAMPSHIRE'. Many Thanks.

## ***Your Personal Details***

Title (Mr. Mrs. Ms. Miss – Other)	
Surname	
First Name	
Middle Names	
Preferred / Nick Name	
Age	
Occupation	

House / Flat Name / Number	
Road Name	
Area	
Town	
County	
Post Code	

Home Phone Number	
Work Phone Number	
Mobile Phone Number	
E-Mail Address	
Best Method of Contact	<b>Home / Work / Mobile / E-Mail</b>

## ***Next of Kin***

Title (Mr. Mrs. Ms. Miss – Other)	
Surname	
First Name	
House / Flat Name / Number	
Road Name	
Area	
Town	
County	
Post Code	
Home Phone Number	
Work Phone Number	
Mobile Phone Number	

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Use Gift Aid and you can make your donation worth more. For every pound you give to us we get an extra 28 pence from the Inland Revenue. To qualify for Gift Aid, what you pay in income tax or capital gains tax must at least equal the amount we will claim in the tax year. So just tick here .

**Vehicle Details**

Proposed Vehicle One Make and Model	
Registration Number	

Proposed Vehicle Two Make and Model	
Registration Number	

Driving Licence Number	
Advance Driver Pass Number	
Date of Advanced Test	<b>Car / Bike</b>
Type of Advanced Test	<b>IAM / RoSPA / BMF / Bikesafe</b>
Hi-Viz Jacket Size Required	<b>Small / Medium / Large / XL / XXL / XXXL</b>

**Voluntary Duties Offered**

(please put a X for any of the following you are prepared to do)

Duty Rider/Driver		Collectors	
Weekly Controller		General	
Route Training		Charity Days	
Emergency Stand-By		Publicity/Event Help	

**Nights Available for Duties**

(please put an X for any of the nights you are prepared to do showing your preference)

**First Choice**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

**Second Choice**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

**If Needed**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

**Please return this completed form to the address on the top of this application form as soon as possible. Include two passport size photographs, for your Rider ID Card. Thank you for your support.**

**I confirm I hold a full UK driving licence; Any vehicle I use whilst undertaking SERV duties will be fully insured, taxed and MOT'd and that I will inform my insurance company of the role I intend to undertake with SERV.**

**Signed (Please sign within the box below)**

**Date.....**

Data Protection

We may share your information with third parties such as NHS Hospitals, NHS co-ordinators, Ambulance Services and others involved in the co-ordination of services run and managed by SERV Hampshire for the purposes of providing such services. If you require any further information as to how this information may be used, Please contact us on 07017 891000.

<b>FOR OFFICE USE ONLY</b>			
Membership Number		Date of Joining	/ /
Welcome Letter Sent		Rider / Driver Guidelines Sent	
Photo Received and ID Card Sent		Hi-Viz Jacket Sent	
Insurance Cover Letter Sample Sent		Deposit Received and Amount	