

## PO Box 126, Denham WA 6537

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admin@sharkbay.wa.gov.au www.sharkbay.wa.gov.au

## COMMUNITY

Booking

Confirmed

Calendar

& Depot

## Application Form - **Community Bus**



Contact Name:				1			
Group Name:							
Address:							
Town/Suburb:		P/Code:					
Phone:							
Email:							
Date of Hire:							
Destination:							
Pickup Date:		Return Date:					
Time:			Time:				
Estimated Kilometer	rs:						
Nominated Driver:							
(NOTE: Driver to com	nplete Nominated	l Driver	Form)				
Total Number of Pas	•						
Wheelchair Passengers?	Yes $\square$	No					
-	If Yes, please a	ndvise l					
	1 Wheelchair	ш	2 Wheelchairs	Ш			
am over the age of 18 he insurance excess							
The bus must be return	ed in a clean and	tidy co	ondition, if not the h	irer will incur	a cleaning fee.		
understand that the ab	oove booking deta	ails are	tentative until conf	irmed by the	Shire of Shark		
The bus pickup time now and over the bus. If yo Shire of Shark Bay to re	u are unable to p						
IGNATURE OF APPL	ICANT		DATE				
Office use only							
				_	7		

\$300 Excess

Advised

Invoice

Sent

Payment

Received



## Community Bus NOMINATED DRIVER REGISTRATION FORM



Driver Name:							
Address:							
Town/Suburb:	P/Code:						
Phone:							
Email:							
Date of Birth:			Gender: Male   Female   X				
Driver's Licence No:	С	lass:			Expiry Da	ate:	
Would you consider beco	oming a	Volunte	er Drive	r for ot	her groups	i?	
Have your book and a second	Yes		No				
Have you ever been conv	Yes		No No				
Do you object to obtainin	g a Polio Yes	ce Clear	ance if r	equire	d?		
Do you have any physica task of volunteer bus driv		ons wh	ich migh	t limit y	your ability	to perform	
	Yes		No				
As an official Nominated acknowledge the respon	sibilitie		ciated v	vith be			
SIGNATURE OF APPLICANT	Γ		DA <sup>-</sup>	TE			
Attached is a copy of bo	th sides	s of dri	vers lice	ence. I			