

# C.A.V.R.A.

Civil Aid Voluntary Rescue Association  
(CAVRA)

## Application for Membership.

(In Confidence)

### 1. Personal Details.

1.1 Full Name:

1.1(a) Any Previous Names used:

1.1(b) Dates From/To:

1.2 Address:

(N.B. Must have complete addresses for last 5 years)

1.3 Postcode:

1.4 Telephone Number (Home):

1.5 Telephone Number (Work):

1.6 Telephone Number (Mobile):

1.7 E-Mail Address:

1.8 Date of Birth:

1.9 Age:

1.10 Place:

(Absolute Minimum age is 18, preferably over 25)

**1.11 Occupation:**

**1.12 N.I. Number :**

**1.13 Next of Kin:**

**1.14 Relationship to Member:**

**1.15 Contact Details :**

**1.16 Any other relevant information:**

## **2. Other Details.**

**2.1 Do you hold a full Driving Licence?**

(If so, please attach a photocopy)

**2.2 If Yes, for which Groups:**

**2.3 Driving Licence Number**

**2.4 Expiry Date:**

**2.5 Do you have any Endorsements and/or Points?**

**2.6 Do you have any specialist driving skills?**

(e.g. HGV, PCV, Police Driver etc)

**2.7 Have you ever been convicted of any Criminal Offence?**

(ALL post are subject to a Criminal Records Bureau check at the Enhanced level)

**2.8 Details of any Relevant Experience and qualifications:-**

(Please give as many details as possible)

**2.9 Do you hold a VALID First Aid Certificate?**

(If so, at what level, and what is the date of expiry.)

**2.10 Issuing Organisation:**

**2.11 Date of Expiry:**

**2.12 Are you a serving member, or have you been a serving member of any other similar organisation?**

(e.g. Special Constable, Lifeboat, H.M.Coastguard, MRT etc.)

**2.13 If you have ever been a member of any of the above organisations please give full details.**

### **3. Medical Details. (Optional)**

**ALL information will be treated in the Strictest Confidence.**

**3.1 Have you ANY medical conditions, which we should be aware of?**

(e.g. Heart Conditions, Asthma, Allergies, Diabetes, Epilepsy etc.)

**3.2 What is your Blood group?**

**3.3 Do you wish to make us aware of any other conditions that you may have?**

### **4. Miscellaneous.**

**4.1 What Skills or Qualities could you offer the Association/**

**4.2 Please give any other information that you feel may be useful.**

**4.3 Vehicle Details.**

**Make** (e.g. Renault, Ford.)

**Model** (e.g. Laguna, Escort.)

**Colour**

**Registration Number**

**4.4 Please give the Names and Addresses of 2 independent referees, who must not be related, and people of standing in the Community. e.g. Minister of religion, Police Officer, Justice of the Peace etc.)**

1)

2)

## **CRB Checks:**

**5.1** For CRB and Validation purposes, Please provide photocopies of TWO of the following documents. (The originals may be required for viewing at a later date)

**Valid UK Passport**  
**Birth certificate**  
only)  
**UK Firearms Licence.**

**Valid UK Driving Licence**  
**Valid Photo Identity Card** (EU Countries)

**5.2** Additionally, Please provide a photocopy of ONE of the following:-

**Marriage Certificate**  
**Valid motor Insurance Certificate**  
**Certificate of British Nationality**  
**Examination Certificate** (e.g. GCSE, NVQ)

**Valid TV Licence**  
**Valid Vehicle Registration Document**  
**Valid NHS Card**  
**Connexions Card.**

**5.3** PLUS ONE of the following with your current Name and Address shown.  
(All no less than 3 Months old.)

**Store Card Statement**  
**Bank or Building Society Statement**  
**Utility Bill** (Gas, Electric or Telephone.)  
**Mail Order Catalogue Statement**  
**Document from any Government**  
**or Local Authority Department**

**Credit Card Statement**  
**Addressed Payslip.**

## **6. Declaration.**

- 6.1** I apply to become a member of CAVRA.
- 6.2** I undertake to comply with the terms of membership, duties, conduct and discipline relating to membership of CAVRA.
- 6.3** I undertake that whilst on duty and so long as I remain a member, to carry out directions of the Officers and their deputies.
- 6.4** I accept that the first twelve (12) Months of membership will be regarded as provisional and enrolment will not be confirmed unless this period is completed satisfactorily.
- 6.5** I also agree to familiarise myself with the relevant Health & Safety

**instructions together with any future revisions that may apply.**

- 6.6 I shall advise my employer of my enrolment as a member of CAVRA, and of the resulting commitment to CAVRA.**
- 6.7 I am aware that all posts are the subject of a Criminal Records Bureau check.**
- 6.8 That the above information is true and correct, if it is subsequently found to be incorrect, I am aware that it may lead to disciplinary action and/or dismissal from the Association.**

**Signed**

**Print Name**

**Date**

**Revised 14/12/12**

**When Completed, please return to CAVRA, 3, Keteringham Close, Sully, Penarth. Vale of Glamorgan. CF64 5JW.**

