

Validation for Voluntary Vehicle Use

For The use of parents and other volunteers vehicles

EVH 12

Group/Section:

Name of Driver	Make and Model of Vehicle	Registration Number

I, the driver of the above vehicle(s) confirm that:

- I have a valid full driving licence suitable for the type of vehicle, **and**
- The vehicle(s) has a valid MOT (if required i.e. the vehicle is over 3 years old) **and**
- The vehicle is roadworthy to the best of my knowledge, **and**
- I have current motor vehicle insurance covering myself and the vehicle(s), **and**
- The vehicle(s) is fitted with front and rear seat belts that I will ensure any children I transport will wear.

I will maintain all the above and notify the Group/Section Leader of any changes.
I understand I am not covered under The Scout Association insurance for the use of my vehicle(s).

This information will be used for the specific event(s) and will not be retained those dates
The information will be utilised only in conjunction with the provision of transport of members of The Scout Association.

Signed: _____ Date: _____

Print Name: _____ (In full in capitals)