

Application For A Volunteer /

Student Placement Position

SECTION 1. YOUR DETAILS

| First Name | Last Name |
| --- | --- |
|  |  |
|  |  |
| Phone Number | Email |
|  |  |

| Street Address | City |
| --- | --- |
|  |  |
|  |  |
| State | Postcode |
|  |  |
|  |  |
| Occupation *(current or previous)* |  |
|  |
|  |  |
| What locations would you be willing to volunteer in? |
| ☐Tweed ☐Brunswick ☐Lismore ☐Nimbin ☐Byron ☐Ballina ☐Grafton ☐Kempsey What type of volunteer work would you like to do? |
| ☐Driver ☐Other  |
| Please specify skills based volunteer work |
|  |

SECTION 2. DRIVER INFO

# DRIVERS

The Buttery staff will accompany the volunteer driver for a short test drive to ensure suitability. Drivers for Therapeutic Community Fellowship meetings need to be members of the Fellowship. Ex residents of the Buttery are particularly welcome. Drivers must be approved by our insurance company before commencement.

| Licence No. | Licence Class |
| --- | --- |
|  |  |

Consent type:

☐ Verbal  ☐ Written

| Date of consent  |  |
| --- | --- |
|  |
|  |  |
|  |  |

SECTION 3. WORK PLACEMENT

# WORK PLACEMENT STUDENTS ONLY

| What course are you studying? | How many hours of work placement are you looking for? |
| --- | --- |
|  |  |
| What is The Buttery required to do to support your placement?  |
|  |
| What specific experience do you require in your work placement? |
|  |



SECTION 4. AVAILABILITY

| How many hours a week can you give? |
| --- |
|  |
|  |  |
| What days are you available to Volunteer? |
| ☐Mondays ☐Tuesdays ☐Wednesdays ☐Thursdays ☐Fridays ☐Saturdays ☐Sundays |
|  |  |
| What times are you available to Volunteer? |
| ☐Mornings ☐Daytime ☐Evenings ☐All day |
|  |  |
|  |

SECTION 5. REFERENCES

# PLEASE PROVIDE THE NAMES, PHONE and/or EMAIL ADDRESSES OF TWO REFEREES

| REFEREE 1: Name  | Position / Relationship |
| --- | --- |
|  |  |
|  |  |
| Phone Number  | Email |
|  |  |
| REFEREE 2: Name  | Position / Relationship |
|  |  |
| Phone Number  | Email |
|  |  |