



Applicant Details			
Title	First Name	Middle Name(s)	Surname
Preferred Name:			Date of Birth:

Home Ph.: ()	Work Ph.: ()
Mobile:	Email:

Address	
Unit / Apartment No.	Street No. & Name
Suburb / City	
State	Postcode

Preferred method of contact: Home Ph. Work Ph. Mobile Email

Preferred time: Between ____ : ____ AM / PM and ____ : ____ AM / PM

On Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Blue Card Information	
Card Number:	Expiry Date:

What is your current role?			
<input type="checkbox"/> Full time worker	<input type="checkbox"/> Part time worker	<input type="checkbox"/> Home duties	<input type="checkbox"/> Job Seeker
<input type="checkbox"/> Retired	<input type="checkbox"/> Income Support	<input type="checkbox"/> Traveller/Visitor	<input type="checkbox"/> Student

What is your primary motivation(s) for volunteering? <i>(Please tick no more than 2 boxes)</i>		
<input type="checkbox"/> Social interaction	<input type="checkbox"/> Help others/Give back	<input type="checkbox"/> Build confidence/self-esteem
<input type="checkbox"/> Personal satisfaction	<input type="checkbox"/> Gain work experiences/reference	<input type="checkbox"/> Centrelink/Job Network referrals
<input type="checkbox"/> To be active/keep busy	<input type="checkbox"/> Explore/engage in areas of interest	<input type="checkbox"/> Using skills / Learning new skills
<input type="checkbox"/> Make a difference	<input type="checkbox"/> Recommended by someone else	<input type="checkbox"/> Practising English
<input type="checkbox"/> Other <i>(please specify)</i> _____		

Do you have any relevant professional qualifications / certificates? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If 'Yes' please provide details as appropriate	Evidence attached? <input type="checkbox"/> No <input type="checkbox"/> Yes



Schoolies Week 2016 Availability							
Please cross all of the times you are available and be able to do shifts.							
	Saturday 19 th Nov	Sunday 20 th Nov	Monday 21 st Nov	Tuesday 22 nd Nov	Wednesday 23 rd Nov	Thursday 24 th Nov	Friday 25 th Nov
Night Shift (6pm – 2am)							
Accommodation required? Y/N							
Have you previously worked for or volunteered with <input type="checkbox"/> DAA, <input type="checkbox"/> MHAA and/or <input type="checkbox"/> ACCS? <input type="checkbox"/> No <input type="checkbox"/> Yes – If 'Yes', in what position(s)?							
Additional Information							
Have you ever been charged and/or disciplined for any drug and/or alcohol related offences? <input type="checkbox"/> No <input type="checkbox"/> Yes							
If 'Yes' specify offence(s)							
Drug Arm is a professional organisation that prevent harm associated with the use of alcohol or other drugs. As representatives (staff and volunteers) of the organisation we must adhere to the highest standards of ethics and integrity in order to best support the individuals and communities we serve.							
Are you at least two (2) years clear of any use of illicit substances? <input type="checkbox"/> No <input type="checkbox"/> Yes							
Are you at least two (2) years clear of any addictive episodes involving alcohol and/or prescription medications? <input type="checkbox"/> No <input type="checkbox"/> Yes							



Do you have any medical issues and/or special needs that we need to be aware of?
 No Yes *If 'Yes' please provide any relevant details*

e.g. physical health issues, mental health issues, disability, impairments, wheelchair access required, etc.

Emergency Information *(please provide details for at least one (1) nominee)*

Nominee 1		
Title:	Given Name(s):	Surname:
Relationship to Applicant:		
Home Ph.: ()	Work Ph.: ()	Mobile:
Nominee 2		
Title:	Given Name(s):	Surname:
Relationship to Applicant:		
Home Ph.: ()	Work Ph.: ()	Mobile:

Applicant Declaration	
I, <i>(please print full name)</i> _____, hereby certify that the above information is true and correct to the best of my knowledge.	
Signature:	Date:

Email: schoolies@drugarm.com.au	Mail: Attn: Schoolies 2015, GPO Box 590, Brisbane 4001	Fax: 07 3620 8800
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