Volunteer/Student Contact Details

The following information is for our office records. This information is strictly confidential and will not be used for any other purpose than proper record keeping.

PERSONAL DETAILS

Name:

Address:

Post code: Phone: (H) (W) (M)

Email:

Position Title:

REFEREES

Please give the names and contact phone numbers of persons who would be able to act as a personal referee for you.

Name:

1. Phone:

2. Phone:

AVAILABILITY

Weekday	Time Available	Frequency
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

FURTHER INFORMATION

Please inform us if there is any information we should know that is pertinent to your involvement in this organisation (e.g. health, visa limitations etc).

SIGNATURE _____ **DATE** _____