# *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:

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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:

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**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** _____