



# Victorian Schoolies 2009 Research Volunteer Information Form

(PLEASE PRINT CLEARLY)

Title: (circle) **Mr Mrs Ms Dr other** (please specify)

Name: \_\_\_\_\_

Street address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (mobile) \_\_\_\_\_

Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Drivers licence #: \_\_\_\_\_ Type: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**Suitability for Working with Children (Blue) Card\*** number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ \*You must have this before being able to start

Please include a **passport sized photo** in **electronic form** with this application form

Educational Institution/year: \_\_\_\_\_

Employer/Position: \_\_\_\_\_

Voluntary Experience: \_\_\_\_\_

## Emergency information:

Special medical information (if applicable): \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Contact telephone: \_\_\_\_\_ or \_\_\_\_\_

## Schoolies 2009 Availability:

Please tick **all** of the times you are available and indicate **below how many** shifts you would like to do. For example, if you are available every night, but only want to do 4 shifts, **tick all the dates**, but put **3 shifts** below. We will then try and juggle everyone's availability.

	<b>Thurs 26 Nov</b>	<b>Fri 27 Nov</b>	<b>Sat 28 Nov</b>	<b>Sun 29 Nov</b>	<b>Mon 30 Nov</b>
<b>evening</b>					

I would prefer to do \_\_\_\_\_ shifts.

When this form is complete, please either **fax to 07 3620 8812**  
or scan and email to **care@drugarm.com.au**



# Victorian Schoolies 2009 Research Volunteer Information Form

(PLEASE PRINT CLEARLY)

Which location are you able to help at? Please indicate your preferences (1, 2, 3)

Location	Lorne/Torquay	Mornington Peninsula	Phillip Island (Cowes)
Preference			

Would you need accommodation at Schoolies?

circle night/s	Thurs 26 Nov	Fri 27 Nov	Sat 28 Nov	Sun 29 Nov	Mon 30 Nov

Please note this will be shared accommodation and not 5-star! We will only be able to provide accommodation when people are helping with the research.

Please circle your t-shirt size: We will provide the t-shirt for use each evening

Men	M	L	XL	XXL	XXXL
Women	12	14	16	18	20

### Further information:

Are you willing to receive mail from DRUG ARM? Yes No  
Are you willing for your name/photo to be used in DRUGARM publications (e.g. Reaching Out newsletter or website)? Yes No

### Declaration:

Have you ever been (formally or informally) accused, charged or disciplined for any child abuse, sexual abuse or any criminal offence?

Yes No

Please specify: \_\_\_\_\_

### References:

Each applicant must provide a **referee** who can be contacted by DRUG ARM and asked to give a personal evaluation of the applicant.

Referee name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (mobile) \_\_\_\_\_

### Declaration:

I hereby certify that the above information is true and correct to the best of my knowledge.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_