



VOLUNTEER FORM

APPLICATION TO VOLUNTEER AT THE GOLD COAST DRUG COUNCIL.

Application Date: _____

Name: _____

Address: _____

_____ **Phone:** _____

Email: _____

Date of Birth/Age: _____

Why do you want to Volunteer at The Gold Coast Drug Council?

Do you have any experience in the Drug & Alcohol Field? Please list

Are you currently studying? Please list

**Do you possess a current Blue Card (Working with Children)?
YES/NO**

If no, have you applied for a Blue Card? YES/NO

Do you possess a current First Aid Certificate? YES/NO

Have you completed our 11 week Drug Awareness Course? YES/NO

If you are an addict yourself, how long have you been clean?

What type of volunteering are you interested in?

Administration/Residential/Driving/Maintenance

Please list days available to volunteer (Residential shifts are weekdays 6pm – 10pm. Administration shifts are weekdays 9am – 5pm, negotiable)

We require the names and phone numbers of two personal references that we can contact

Thank you for your interest in volunteering at The Gold Coast Drug Council!

The Volunteer Coordinator will be in contact with you once you have returned this application form to arrange an interview time.