



Building friendships  
Changing Lives

## CITIZEN PROGRAMME MEMBERSHIP APPLICATION

### 1 MEMBER INFORMATION

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

Date Of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: Male  Female

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

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_

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

### 2 PERSONAL INFORMATION

Do you have an intellectual or development disability? Yes  No

If YES please feel free to provide information you think is necessary.

Do you have any existing medical conditions or take any medication in which we should be aware of for your own safety? Yes  No

If YES please feel free to provide information you think is necessary.

Is there anything about yourself you think we need to know?

If you have a driving licence please give details.

Driver's Licence Number: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If you are an insured driver, please give details.

Insurance Company: \_\_\_\_\_

Insurance Policy: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### 3 EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_  
Relationship to Volunteer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_  
Email: \_\_\_\_\_

### PRIVACY

Your privacy is our priority. Best Buddies Australia abides by the National Privacy Principles in all its dealings with members, volunteers and the public. All personal information you have provided will help us process you as a valued volunteer with our organisation and will be treated as confidential. We may also use your information in aggregate form for statistical purpose - in such cases individual names will not be identified.

### 4 DECLARATION

In signing this form I have read and understood the following which can be found on our website [www.bestbuddies.org.au](http://www.bestbuddies.org.au) : (please tick)

- Activity Statement
- Member Statement
- Police Check
- Working With Children Check

I declare that the information contained in this application is true and correct.

Volunteer (sign here) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Volunteer (print name) \_\_\_\_\_

If you do not wish to subscribed to the Best Buddies Australia Newsletter please tick here

**Referees Names:** (Please note: we need an employer/supervisor, friend and character reference)

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

### OFFICE USE

Received for BBA by \_\_\_\_\_ (Programme Manager)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Thank you for your support of Best Buddies Australia, making lives of people with intellectual disabilities better through one to one friendships!*