**VOLUNTEER DRUG AND ALCOHOL COUNSELLORS’ TRAINING PROGRAM APPLICATION FORM - 2020**

**PLEASE NOTE**

* **This application is limited to 3 pages. Please ensure you adhere to this guideline.**
* **Due to the high number of applications received, feedback on unsuccessful applications unfortunately cannot be provided**

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| First Name: | |  | | | Surname: |  | | |
| Date of Birth: | | | |  | | | | |
| Home Address: | | |  | | | | | |
| Suburb: |  | | | | Post Code: | |  | |
| Home Phone: | | |  | | Mobile Phone: | | |  |
| Email: | | | |  | | | | |

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| 1. **Overview of educational background:** |
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| 1. **Overview of occupational background:** |
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| 1. **Previous counselling experience, if any:** |
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| 1. **Why are you interested in being a volunteer counsellor?** |
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| 1. **What is your interest in the Alcohol and drug field?** |
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| 1. **Any other information you would like to include?** |
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How did you hear about the Cyrenian House Volunteer Program?

**REFERENCES**

Please supply the name and contact information of two referees.

Please email all completed applications to Nicola Iannantuoni.

nicola.iannantuoni@cyrenianhouse.com