

Community Friendship Programme

Volunteer Application Form

Please complete this form and return it to Private Bag 38, Hobart, 7001, fax to 03 6226 7862, or email to Community.Friendship@utas.edu.au. We will not use your personal information for any other purpose than outlined in the Terms and Conditions document.

First Name (preferred) <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms	Family Name
Date of Birth	Date of Application
Address	UTAS Student or Staff ID (if applicable)
Contact Phone Number 1	Contact Phone Number 2
Email Address	Religion (optional)
Occupation/Study Area	
Describe yourself and why you are interested in this programme.	
<p>Would you prefer to be matched with (tick more than box if applicable):</p> <input type="checkbox"/> Individual <input type="checkbox"/> Family (including children) <input type="checkbox"/> Couple/Pair <input type="checkbox"/> Other _____ <input type="checkbox"/> Non Drinker <input type="checkbox"/> Non Smoker <input type="checkbox"/> Vegetarian <input type="checkbox"/> No Preference	
<p>Please specify your areas of interest:</p> <input type="checkbox"/> Language Exchange <input type="checkbox"/> Animals <input type="checkbox"/> Books <input type="checkbox"/> Music <input type="checkbox"/> Travel <input type="checkbox"/> Movies <input type="checkbox"/> Food and Cooking <input type="checkbox"/> Driving <input type="checkbox"/> Theatre <input type="checkbox"/> Dance <input type="checkbox"/> Bush Walking <input type="checkbox"/> Shopping <input type="checkbox"/> Sport <input type="checkbox"/> Home Experience <input type="checkbox"/> Computers <input type="checkbox"/> Push Biking <input type="checkbox"/> Camping <input type="checkbox"/> Organise Cultural Events	
How much time do you want to spend with your match?	
How would you prefer your match contact you? Home Phone Mobile Email	
Please tell us dates you will be unavailable:	

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Student Application Form

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First Name (preferred) <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms	Family Name
Date of Birth	Date of Application
Address	UTAS Student ID
Contact Phone Number 1	Contact Phone Number 2
Email Address	Religion (optional)
Faculty and School	
Describe yourself and why you are interested in this programme.	
<p>Would you prefer to be matched with (tick more than one box if applicable):</p> <input type="checkbox"/> Individual <input type="checkbox"/> Family (including children) <input type="checkbox"/> Couple/Pair <input type="checkbox"/> Other _____ <input type="checkbox"/> Non Drinker <input type="checkbox"/> Non Smoker <input type="checkbox"/> Vegetarian <input type="checkbox"/> No Preference	
<p>Please specify your areas of interest:</p> <input type="checkbox"/> Language Exchange <input type="checkbox"/> Animals <input type="checkbox"/> Books <input type="checkbox"/> Music <input type="checkbox"/> Travel <input type="checkbox"/> Movies <input type="checkbox"/> Food and Cooking <input type="checkbox"/> Driving <input type="checkbox"/> Theatre <input type="checkbox"/> Dance <input type="checkbox"/> Bush Walking <input type="checkbox"/> Shopping <input type="checkbox"/> Sport <input type="checkbox"/> Home Experience <input type="checkbox"/> Computers <input type="checkbox"/> Push Biking <input type="checkbox"/> Camping <input type="checkbox"/> Organise Cultural Events	
How much time do you want to spend with your match?	
How would you prefer your match contact you? Home Phone Mobile Email	
Please tell us dates you will be unavailable:	

Community Friendship Programme

Feedback Form

Please complete this form and return it to Private Bag 38, Hobart, 7001, fax to 03 6226 7862, or email to Community.Friendship@utas.edu.au.

Thanks for taking part in the Community Friendship Team at UTAS. Please use the space below to provide us with feedback about your experiences on the programme.

Name (Optional) _____ Date of Feedback _____

Period of Participation: _____

Can we contact you about this feed back? Yes No Contact Number: _____

Tell us some of the activities you pursued together:

How have you benefited from being on this programme:

Do you have suggestions for us to improve the programme?

I give UTAS consent to use this feedback for the purposes of CFP evaluation, signed:

_____, date / / .

Please note, anonymous feed back may be used for the purposes of programme evaluation.

Community Friendship Programme

Incident Report Form

Please complete this form and return it to Private Bag 38, Hobart, 7001, fax to 03 6226 7862, or email to Community.Friendship@utas.edu.au.

Thanks for taking part in the Community Friendship Team at UTAS. Please use the space below to tell us the details of the incident you wish to report.

Name _____

Date of incident: _____

Best contact regarding the details of this incident:

Name of other people present:

Location of incident:

Describe incident:

What activities were you undertaking at this time:

What action has been taken already?

What action needs to be taken?

I give UTAS consent to disclose the details of the incident reported above to a third party, signed:

_____, date / / .

Community Friendship Programme

Event Form

Please complete this form and return it to Private Bag 38, Hobart, 7001, fax to 03 6226 7862, or email to Community.Friendship@utas.edu.au.

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Contact Person First Name (preferred) <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms	Contact Person Family Name
Name of Organisation	Industry
Name of Event	Date(s) of Event
Location of Event	Entry Cost Per Person
Email Address	Contact Phone Number
Describe the event and who it is for.	
Specifically is your event for:	
<input type="checkbox"/> Individual <input type="checkbox"/> Family (including children) <input type="checkbox"/> Networking <input type="checkbox"/> Other _____ <input type="checkbox"/> Non Drinker <input type="checkbox"/> Non Smoker <input type="checkbox"/> Religious <input type="checkbox"/> Open to everyone	
Tick event type (more than one if applicable)	
<input type="checkbox"/> Language Exchange <input type="checkbox"/> Animals <input type="checkbox"/> Books <input type="checkbox"/> Music <input type="checkbox"/> Travel <input type="checkbox"/> Movies <input type="checkbox"/> Food and Cooking <input type="checkbox"/> Driving <input type="checkbox"/> Theatre <input type="checkbox"/> Dance <input type="checkbox"/> Bush Walking <input type="checkbox"/> Shopping <input type="checkbox"/> Sport <input type="checkbox"/> Home Experience <input type="checkbox"/> Computers <input type="checkbox"/> Push Biking <input type="checkbox"/> Camping <input type="checkbox"/> Other _____	
Please outline any further information you want us to know about the event or your organisation:	