



Parent and Family Drug Support Volunteer Application Form

PERSONAL DETAILS

Name: _____

Suburb: _____ State: _____ Postcode: _____

Phone (Home): _____ Phone (Work): _____

Email Address: _____ Mobile: _____

APPLICATION PROCESS

<p>Have you had experience of supporting someone with drug or alcohol use?</p> <p>_____</p>	<p>Have you got any experience of receiving your own support in relation to your family member's drug or alcohol use?</p> <p>_____</p>
<p>Yes No</p>	

What motivated you to apply for this position? What do you hope to gain from this experience?

Do you have any previous volunteer work, paid work or education/training that you believe is relevant to the role of a Parent Peer Volunteer?

Please indicate (by ticking the box) which roles you are interested in:

Perth Drug Court (Monday & Tuesday morning from 8.30am – 1pm at least once every 6 weeks) _____

Support Group Facilitation (Support groups run for a maximum of 2 hours in any one session) _____

Telephone Support (5 hour shift patterns) _____

At present, we are particularly interested in hearing from people wishing to become support group facilitators in the following areas: Midland; Thornlie; Rockingham; Fremantle; Mandurah and Bunbury.

Please indicate your general availability by marking the appropriate boxes below: (Tick as many boxes as you like. You will not be rostered for all of these slots, this table is meant to track your availability as a general guide only).

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 8am – 1pm							
Afternoon 1pm – 6pm							
Evening 6pm – 10pm							

Please indicate what areas you would be willing to travel to by marking the boxes below:

East Perth Fremantle Geraldton Mandurah Midland Rockingham Thornlie

Kalgoorlie Busselton Other Regional Areas

APPLICATION PROCESS

Are you able to attend team meetings once every 6 weeks possibly on a week day?

Yes No

Most of our communication is done via email. Do you have access to an email account and a reliable telephone and internet network?

Yes No

How would you rate your confidence in using applications such as Zoom and Microsoft Teams? Please comment:

How did you find out about this role?

Seek Volunteering WA The West Australian Community Paper Facebook Instagram
Shopping Centre Other

If other, please specify:

Is there anything else you wish to add?

Please give details of two people able to give Character References who may be contacted; one of which should be a close family member or someone who has known you personally for a long time.

Name:	Name:
Telephone:	Telephone:
Relationship to applicant:	Relationship to applicant:

Would you be happy to undergo a basic criminal record screening and Working with Children Check of which would be paid for by MHC?

Yes No

CONSENT

Do you consent to being contacted by a Parent and Family Drug Support team member?

Yes No

Name:

Date:
