

Parent and Family Drug Support Parent Support Network

PARENT & Family Drug Support Line

HOW TO SUBMIT THIS FORM

MAIL: Parent and Family Drug Support Manager PO Box X2299, Perth Business Centre WA 6847 EMAIL:

volunteernowpfds@mhc.wa.gov.au

PERSONAL DETAILS

Name:		
Address:		
Suburb:	State:	Postcode:
Phone (Home):	Phone (Work):	
Email Address:	Mobile:	

APPLICATION PROCESS

Could you describe your experience when providing support to someone you support dealing with alcohol and/or drug use. (Including when it began, its impact, coping strategies, how other family members coped, what was helpful, and what was not effective in addressing the situation?)

Are these problems ongoing for you? If yes, please comment on how these problems are impacting on you/your family at present:

APPLICATION PROCESS

Please describe what services, treatment, information, tips, ideas, and strategies you think have helped and supported you or your family the most.

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

Do you hope to use this voluntary placement to fulfill your mutual obligations with Centrelink? Yes No

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? What skills and qualities do you think you could bring to the service?

APPLICATION PROCESS

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

Perth Drug Court (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				
Are you able t	o attend team meetings o	on weekday evenings (6.3	0 – 8.30pm) once e	very 6 weeks?		
Yes No						
Most of our co	ommunication is done via	email. Do you have acces	ss to an email accou	int and a reliable	telephone and internet	network?
Yes No						
How would yo	u rate your confidence in	using applications such a	s Zoom and Micros	oft Teams? Pleas	se comment:	
How did you f	ind out about this role?					
Seek	Volunteering WA	The West Australia	n Comm	unity Paper	Facebook	Instagram
Shopping Cer	tre Other					
If other, please	e specify:					

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APPLICATION PROCESS

Is there anything else you wish to add?

Please give details of two people able to give Character References; one of which should be a close family member or someone who has known you personally for a long time. Please note your references will be contacted and informed about your application as a volunteer with lived experience.

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

SIGNATURE

Name:

Signature:

Date: