

**HOW TO SUBMIT THIS FORM** 

PO Box X2299,

MAIL:



volunteernowpfds@mhc.wa.gov.au

## **Parent and Family Drug Support**

Parent and Family Drug Support Coordinator

Perth Business Centre WA 6847

## **Parent Support Network**

PERSONAL DETAILS		
Name:		
Address:		
Suburb:	State:	Postcode:
Phone (Home):	Phone (Work):	
Email Address:	Mobile:	
APPLICATION PROCESS		
Please describe your experience with problems in relation to s have? How did you cope? How did others in your family cope?		ise. (When did it start? What impact did it
Are these problems ongoing for you? If yes, please comment	on how these problems are impacting on you/yo	our family at present:

EMAIL:

## **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? 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 to a	attend team meetings	on weekday evenings (6.3	0 – 8.30pm) once	every 6 weeks?		
Yes No						
Most of our com	munication is done via	a email. Do you have acces	ss to an email acc	ount and a reliable	telephone and internet	network?
Yes No						
How would you r	ate your confidence i	n using applications such a	s Zoom and Micro	soft Teams? Pleas	e comment:	
How did you find	out about this role?					
Seek	Volunteering WA	The West Australia	n Com	munity Paper	Facebook	Instagram
Shopping Centre	Other					

If other, please specify:

APPLICATION PROCESS	
Is there anything else you wish to add?	
who has known you personally for a long time.	o may be contacted; one of which should be a close family member or someone
Name:	Name:
Telephone:	Telephone:
Relationship to applicant:	Relationship to applicant:
Would you be happy to undergo a basic criminal record screening and V	Norking with Children Check of which would be paid for by MHC?
Yes No	
SIGNATURE	
Name:	
Signature:	
Date:	