

PEER CONNECTION VOLUNTEER APPLICATION FORM

Concerned other

PERSONAL DETAILS			
Full Name:		DOB:	Age:
Address:		Phone:	
	Postcode:	Mobile:	
Preferred contact method:		Email:	
Marital status:			
Do you have children? If yes, how many and how old are they:			
Employment status:			
How did you hear about the Peer Connection Program and becoming a volunteer?			
IMPACT OF GAMBLING			
What is your relationship to the person of concern?			
What form of gambling was a problem for the person of concern?			
How long did they gamble for?			
How did you discover the gambling problem?			
Is the person of concern still gambling?			
Did you seek any support for yourself?			

SUPPORTS

Tick the boxes below to indicate what supports you used to manage your gambling.

- Counselling through Gambler's Help
- Counselling (other organisation/ service)
- Financial Counselling
- Peer Connection Program
- A Group Program
- Talking to Friends/ Family
- Other:

What do you think were some of the issues/ reasons/ causes underlying the gambling behaviour:

ABOUT YOU

What life experiences do you have that may be useful as a volunteer for this program? Include relevant personal, work, volunteer experiences and courses or workshops undertaken, hobbies etc.

What do you hope to gain from your training and work as a volunteer for this program?

What qualities and skills do you feel you bring to this program?

A B O U T Y O U

Have you had any thoughts or self-harm or suicide?

If Yes, please describe, for example when, actions or things that prevented you acting etc.

Yes No

Have you ever had an alcohol or drug problem?

If Yes, please describe circumstances and how you managed the problem?

Yes No

Have you ever received treatment for a mental illness?

If Yes, please describe supports/ treatments and how monitored.

Yes No

Has family violence been a part of your experiences? Past or Present.

If Yes, how have you managed this?

Yes No

Do you speak languages other than English?

Yes No

ABOUT YOU

Are you able to attend bi-monthly meetings on Monday/
Tuesday evenings?

Yes No

We ask volunteers to actively volunteer for at least 1 year. Are
you able to commit for this time period?

Yes No

Are people close to you supportive of your commitment?

Yes No

Do you have any questions? You can list these here and we will cover them in your
interview.

Return completed Form to:

Attention: Kathriye Strassnick
Peer Support Programs Coordinator
Banyule Community Health
21 Alamein Road,
HEIDELBERG WEST, VIC 3081

Or email: kathriye.strassnick@bchs.org.au