

## PEER CONNECTION VOLUNTEER APPLICATION FORM

People who have had a gambling problem

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?			
GAMBLING HISTORY			
What form of gambling was a problem for you? (e.g. pokies, TAB etc):			
How many years?			
When did your gambling become a problem?			
When did you stop gambling?			
What steps did you take to get your gambling under control? (Describe what was useful for you?)			

## GAMBLING HISTORY

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
- Self Exclusion Program
- Peer Connection Program
- A Group Program
- Talking to Friends/ Family
- Other:

What do you think were some of the issues/ reasons/ causes underlying your 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?

## ABOUT YOU

Has there been a time when your personal values were challenged in relation to gambling. If so, how did you manage this?

Have you engaged in any criminal activity as a result of your gambling? What was the outcome? (Please note criminal activity is not necessarily regarded as a barrier for entry into the Peer Connection Program).

If Yes, please describe?

Yes  No

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

## ABOUT YOU

<p>Has family violence been a part of your experiences? Past or Present. If Yes, how have you managed this?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<p>Do you speak languages other than English?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<p>Are you able to attend bi-monthly meetings on Monday/ Tuesday evenings?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<p>We ask volunteers to actively volunteer for at least 1 year. Are you able to commit for this time period?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<p>Are people close to you supportive of your commitment?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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](mailto:kathriye.strassnick@bchs.org.au)