

Please complete all fields to the best of your ability.

If you have any questions or require assistance completing this form, contact us either in person or by calling 9325 8387 and we can help you.

All volunteer applications are reviewed with consideration of current volunteer opportunities. The information you provide will be stored in confidence, your completed form will be held securely and confidentially. Only authorised staff will have access to your information.

BASICS			
<b>About the position:</b>			
<b>Position Name:</b>	Volunteer		
<b>About the position:</b>	Please see attached Job Description		
<b>Requirements:</b>			
<b>Is a Police check required?</b>	YES		
<b>Who will pay for this?</b>	Peer Based Harm Reduction WA		
<b>Position Location:</b>			
<b>Street</b>	Unit 22, number 7 Aberdeen Street		
<b>Suburb</b>	East Perth	<b>Post code</b>	6000
<b>Contact person(s) for this position:</b>			
<b>Organisation Name</b>	Peer Based Harm Reduction WA		
<b>Contact Name</b>	Kelly Charlett		
<b>Kevin Winder</b>	<a href="mailto:nsep2@harmreductionwa.org">nsep2@harmreductionwa.org</a>		
<b>Contact Phone</b>	(08) 9325 8387		

ABOUT YOU			
<b>Your contact information:</b>			
<b>Name:</b>		<b>Date:</b>	
<b>Email:</b>			
<b>Phone:</b>	<b>Home:</b>		<b>Mobile:</b>
<b>Address:</b>			
<b>Emergency contact information:</b>			
<b>Name:</b>			
<b>Contact details:</b>			

SKILLS AND EXPERIENCE			
<b>What skills can you bring to Peer Based Harm Reduction WA? (Tick all that apply)</b>			
<b>Computer skills</b>	<input type="checkbox"/>	<b>Lived experience</b>	<input type="checkbox"/>
<b>Resource production</b>	<input type="checkbox"/>	<b>Harm reduction</b>	<input type="checkbox"/>
<b>Other (please specify)</b>	<input type="checkbox"/>		

**Tell us about your above skills and experience**

**Have you had previous volunteer experience? (Please tick below)**

YES  NO

**If yes, please tell us about the experience:**

**Have you had any training that might be helpful to you while volunteering at Peer Based Harm Reduction WA? (eg, First Aid)**

**AVAILABILITY**

**Your availability:**

DAY	OPENING HOURS	Available (please tick)
Monday	10am – 5pm	
Tuesday	10am – 5pm	
Wednesday	10am – 5pm	
Thursday	10am – 5pm	
Friday	10am – 5pm	

**How long do you intend to volunteer for?**

**Is there any additional information you would like to bring to our attention?**

OFFICE USE ONLY	DATE RECEIVED:				
NOTES:	Entered	Contacted	Interested	Interviewed	Recruited
	Y / N	Y / N	Y / N	Y / N	Y / N