

## Peer Based Harm Reduction WA Volunteer Application Form

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** 

About the position	) <b>:</b>							
Position Name:		Volunteer						
About the position:		Please see attached Job Description						
Requirements:								
Is a Police check required?			YES					
Who will pay for this?		Peer Based Harm Reduction WA						
Position Location:								
Street			97 Spencer Street					
Suburb		Bunbury		Post code	6230			
Contact person(s)	for this posi	ition:						
Organisation Name			Peer Based Harm	Reduction V	VA			
Jodie Savage		mnsep@harmred	ductionwa.or	g				
Contact Phone			(08) 9791 6699					
			1					
			ABOUT YOU	J				
Your contact infor	mation:							
Name:				D.O.B:				
Date:		ı			1			
Phone:	Home:			Mobile:				
Address:								
Email:								
Emergency contact	t informatio	n:						
Name:								
Contact details:								
			SKILLS AND EXPE	DIENICE				
What skills can you	ı hring to P	eer Base			all that apply)			
What skills can you bring to Peer Based Harm Reduction WA? (Tick all that apply)  Computer skills   Lived experience						1		
Resource production				arm reduction		<u>-</u> ]		
Other (please spec		 7	<del></del>		- <u>L</u>	<u> </u>		

Tell us about your above skills and	d experie	ence				
Have you had previous volunteer	evnerie	nce? (Dlea	se tick hele	\		
YES D NO			SC LICK SCIO			
If yes, please tell us about the exp						
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Have you had any training that m	ight be l	helpful to y	ou while vo	olunteering	at Peer Base	ed Harm
Reduction WA? (eg, First Aid)						
		AVAILAB	ILITY			
Your availability:		AVAILAB	ILITY			
Your availability: DAY	OPE	AVAILABI		Availab	le (please tic	k)
-				Availab	le (please tic	k)
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DAY Monday Tuesday Wednesday	10aı 10aı 10aı	ENING HOU m – 3pm m – 3pm m – 3pm		Availab	le (please tic	k)
DAY Monday Tuesday Wednesday Thursday	10ai 10ai 10ai 10ai	MING HOU m – 3pm m – 3pm m – 3pm m – 3pm		Availab	le (please tic	k)
DAY Monday Tuesday Wednesday	10ai 10ai 10ai 10ai	ENING HOU m – 3pm m – 3pm m – 3pm		Availab	le (please tic	k)
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Monday Tuesday Wednesday Thursday Friday  How long do you intend to volunte Is there any additional information  OFFICE USE ONLY	10ai 10ai 10ai 10ai 10ai	NING HOU m – 3pm m – 3pm m – 3pm m – 3pm m – 3pm	D bring to ou	ur attention	1?	