



Family Drug Help

Family Drug Helpline Volunteer Training Application Form

All information provided by you on this questionnaire is confidential

Date:/...../2006

First Name: Surname:.....

Address:

Suburb: Postcode:

Telephone: home work

mobile:..... E-mail:

Gender: Date of birth:...../...../..... Occupation:
(If applicable)

What tertiary studies ? (if applicable).....

How did you hear about Family Drug Help?

Are you a relative or friend of a person with an alcohol/drug use issue?.....

What is your relationship to that person or persons? (eg. parent, guardian, grandparent, friend, cousin, brother etc.)
.....

What are the main substances of concern?

Please give a brief description of the issues **for you** within your relationship to the person concerned

Please outline your reasons for wishing to train to become a volunteer on the Family Drug Helpline. *If there is insufficient space, please attach a separate sheet.*
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What have been the consequences, and the issues **for you personally** that you have had to face in having a relative or friend using drugs or alcohol?

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Please outline any skills or relevant experience you have had that you believe may be valuable if you become a Family Drug Helpline volunteer.

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Training Times

Please tick (*full days only*) as we try to consider everyone's availability

Monday	Tuesday	Wednesday	Thursday	Friday

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Volunteer Helpline Roster availability

Please indicate the times you would be available to work on the Helpline. Indicate as many times as possible, as some time slots are already filled, but that could change by the time you are commence on the Helpline.

	9.00am to 1.00pm	1.00pm to 5.00pm	All day
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Do you agree to undergo a police criminal records check? **Yes / No** (Please circle)

Referees

Please give details of two people (not members of your family), who are able to provide a character reference.

First Referee:

Name:.....Position:.....

Address:

.....

Phone: home: work:

mobile

Please describe briefly the referee's relationship to you:

.....

Second Referee:

Name:.....Position:.....

Address:.....

Phone: home: work:

(mob)

Describe briefly the referee's relationship to you:

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Thank you for completing this application. Please return to:

**Jenny Coll
Coordinator
Family Drug Helpline
140 Grange Road
Carnegie 3163**

Phone 9573 1702

Email: jcoll@sharc.org.au

If you have any queries please do not hesitate to contact me on the above number.

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