

## ReSPIN VOLUNTEER APPLICATION FORM

PERSONAL DETAILS	
Full Name:	DOB:
Address:	Phone:
	Postcode:
Email:	
YOUR GAMBLING HISTORY	
Please share a brief outline of your gambling harm history using the following questions:	
What form of gambling was a problem for you? (e.g. pokies, TAB, online etc):	
How many years did you gamble for?	
What do you think were some of the issues/ reasons/ causes underlying your gambling behaviour?	
What impacts did gambling have on your life?	

When did you stop gambling?

What motivated you to stop gambling?

What steps did you take to get your gambling under control?

### Volunteering

Why do you want to become a ReSPIN volunteer?

COMMITMENT	
We ask volunteers to actively volunteer for at least 1 year. Are you able to commit for this time period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prepared to complete the ReSPIN training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to volunteer in the evenings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to volunteer during the day?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Return completed Form to:**

**Email:** [respin@bchs.org.au](mailto:respin@bchs.org.au)

We look forward to receiving your application. If you have any questions, please phone the ReSPIN Coordinator on 0456 542 124 or use the email address above.