**Overview**

The City of Bayswater **Rough Sleeper Count** **2020** will take place on Monday 17 March, between the hours of 1am and 3am.

The Rough Sleeper Count aims to collect accurate data about the number of people experiencing homelessness and sleeping rough within the City. This information will assist to inform the City’s response to homelessness through the development of a Local Homelessness Strategy.

The City is seeking the participation of 50 volunteers who will work in teams and be able to commit to the following three points:

1. Be able to attend the compulsory briefing session at the City of Bayswater Civic Centre on
**Tuesday 3 March 2020** **(5.00pm – 6.30pm)**;
2. Be available on the night of the Rough Sleeper Count 2020. **Tuesday, 17 March 2020
(12.00am – 3.30am)**; and
3. Submit a completed Volunteer Application form.

If this is something you could commit to and you would like to make a positive contribution to your community, please complete the *Rough Sleeper Count 2020 Volunteer Expression of Interest Form*.

All applicants will be notified of the outcome of their Expression of Interest on Thursday, 27 February 2020.

**Expressions of Interest to participate in the Rough Sleeper Count 2020 close at 5.00pm on Tuesday 25 February 2020.**

**Volunteer Expression of Interest**

**Personal details**

|  |  |
| --- | --- |
| Title |  |
| Full name |  |
| Home address |  |
| Email  |  |
| Mobile |  |

**Please tick all boxes that apply to you:**

[ ]  I am over 18 years of age

[ ]  I am a community member who lives or works within the City of Bayswater

[ ]  I am a professional working in the Community Services sector

[ ]  I am a student studying Community Services such as Counseling, Mental Health, and Youth Work

[ ]  Other, please specify

Why are you interested in volunteering for the Rough Sleeper Count? Please include any knowledge, skills or experience you would contribute to this initiative.

|  |
| --- |
|  |

**Emergency contact:**

|  |  |
| --- | --- |
| Full name |  |
|  Relationship to you |  |
| Contact mobile |  |

**Checks and Certificates**

1. I own a smart phone that could be used for the Rough Sleeper Count [ ]  Yes [ ]  No
2. I am willing to undertake a Volunteer Police Check [ ]  Yes [ ]  No
3. I have a medical condition that may affect my ability to physically walk or count [ ] Yes [ ]  No

If yes, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I have a current First Aid Certificate [ ]  Yes [ ]  No

**Photography**

I give permission for images to be taken of me for the City to use in its publications. [ ]  Yes [ ]  No

**Declaration**

* I certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me from volunteering for the City of Bayswater.
* I understand that submitting this form does not automatically register me as a volunteer for the
Rough Sleeper Count 2020. Volunteers will be covered for public liability but not for any loss of personal property.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Confidentiality Statement**

The City of Bayswater will treat all information provided by you as confidential, and will ensure all records provided are kept in a secure manner available only to those people authorised to have access. Information will only be disclosed to a third party with your consent.

Please submit your completed form in one of the following ways:

* **Online** visit bayswater.wa.gov.au
* **In Person:** City of Bayswater Civic Centre, 61 Broun Avenue, Morley WA 6062
* **Email:** mail@bayswater.wa.gov.au
* **Post:** PO Box 467, Morley WA 6943

**For further information, please contact:**

Michele Fletcher
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City of Bayswater

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