



Crisis Counseling Program (Hotline) Volunteer/Intern Application

Date: ____ / ____ / ____

The following application is designed to help us determine your qualifications for training as a volunteer/intern Crisis Counseling Specialist for Crisis Services. An interview will be scheduled prior to the start of training.

1. Name: _____
 -Last- -First- -Middle Initial-

2. Date of Birth: ____ / ____ / ____

3. Address: _____
 -Street- -City- -Zip-

4. Telephone: Home _____ Hours to Call _____
 Business _____ Hours to Call _____
 Cell _____ Hours to Call _____

5. E-mail address: _____
Do you use this email regularly? YES NO

6. Education: High School _____
 College _____ Degree _____
 Year Received/Expected _____
 Additional Education _____

7. Employment: Please list your employment background

8. Volunteer Work Experience and/or Community Service:
 -Organization- -Year- -How Long- -Position-

9. Please list your counseling experience (education, training, work, volunteer, etc.) (Please note that lack of counseling experience does not disqualify your application.)

10. Do you have any experience relating to children? Explain-

11. How did you learn about Crisis Services? _____

12. Have you ever been convicted of a crime with the exception of minor traffic offenses?

Yes _____ No _____ If Yes, please provide an explanation _____

13. Are you currently or have you ever been a Crisis Services volunteer? Yes No

If yes, when? _____

14. Do you have any special limitations which would affect your ability to work on the phones?

Explain: _____

15. Do you have a working knowledge of computers? Yes No

16. What is your availability for training shifts?

Days _____ Evenings _____ Weekends _____

17. Please list 2 references, business and/or professional:

Name: _____ Relationship _____

Address _____

Please include Street, City, State, and zip code

Day Phone: _____

Name: _____ Relationship _____

Address _____

Please include Street, City, State, and zip code

Day Phone: _____

On the backside of page 3, please describe your interest in volunteering for the Crisis Counseling Program. Tell us something about your life experience that may be significant in your ability to listen to and support adults and children. What do you feel you have to offer? (USE ADDITIONAL PAGES IF NECESSARY.)

For Internship Applicants Only:

College/University _____

Type of Program/Major _____

Name of Internship Advisor _____

Contact Information of Internship Advisor

Requirements for Internship Supervisor

Length of Internship:

_____ 1 Semester

_____ 2 Semesters

Internship Start Date (mm/yy) _____

Internship Completion Date (mm/yy) _____

Number of Required Internship Hours _____

What would you like to get out of your internship experience?



Volunteer/Intern Commitment

I hereby understand that the records of any personal communications received by Crisis Services in the course of my volunteer experience are strictly confidential. I also understand that this information cannot be disclosed to any person except the Program Coordinator or Supervisors, Staff Specialists and/or Crisis Counseling Program co-workers.

I agree not to communicate with agency clients in any way except while working as a Crisis Counseling Specialist at Crisis Services.

I further commit to the following:

If volunteering, sign this commitment:

Volunteers:

1. Attendance at all training sessions of Crisis Counseling Program.
 - * 40 hours plus four 4-hour training shifts
 - * Plus 3 homework assignments
 - * Plus a 2 hour reconvening
2. Work at least 3 shifts (4 hours each) per month for a minimum of six months.
3. Supervision with Crisis Counseling Program Manager followed by monitoring and mentoring between supervisions by Staff Specialist.
4. Attendance at quarterly volunteer meetings/trainings.

** Evaluation at the completion of training will determine your ability to continue to volunteer as a Crisis Counseling Specialist.*

I have read and hereby agree to the above commitment.

Signature: _____

Printed name: _____

Date: _____

If interning, sign this commitment:

Interns:

1. Attendance at all training sessions of Crisis Counseling Program.
 - * 40 hours plus four 4-hour training shifts
 - * Plus 3 homework assignments
 - * Plus a 2 hour reconvening

(Those Interns in need of 200⁺ hours may count training hours towards hours needed, all others-- training does not count.)

2. Work assigned to meet internship hourly requirement(s).
3. Regular supervision with Supervisor followed by monitoring and mentoring between supervisions.
4. Attendance at group supervision and/or any additional trainings.
 - * Evaluation at the completion of training will determine your ability to continue to volunteer as a Crisis Counseling Specialist.

I have read and hereby agree to the above commitment.

Signature: _____

Printed name: _____

Date: _____