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| C:\Documents and Settings\Office\My Documents\Dropbox\Office Files\SPYC Logo\Large SPYC Logo-Higher Quality.jpg Office Use OnlyInterview Date: Notes:Office Use OnlyDate Received:Date Emailed:volunteer Application |
| Applicant Information |
| Name: |
| Date of birth: | Current Age: | Phone: |
| Current address: |
| City: | State: | ZIP Code: |
| Non-School Email: | Emergency Contact: | Emergency Contact Address: |
| Employment & Academic Information |
| **Current Employer**: |
| Full-Time? Part-Time?: | How long employed? |
| Average Hours per week: |
| **Current School**: |
| Full-Time? Part-Time?: | Year in School: |
| Average Units per semester/quarter: | Expected Graduation: |
| **Other Current Internships/Volunteering**: |
| personal profile (confidential & optional) |
| Gender and Preferred Pronouns: |
| Ethnicity: | Language(s) Spoken: | I speak fluently enough to work with someone on the crisis line in this language: YES | NO |
| education history |
| School Name | Major/Degree Earned | Dates Attended |
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| References (personal references allowed) |
| Name | Email | Relationship |
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| Volunteer experience |
| Name | Dates | Position & Responsibilities |
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| relevant skillsWhat are some special skills, past experiences/responsibilities, or abilities that you believe would be relevant to volunteering at Suicide Prevention? |
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| How did you become interested in volunteering for Suicide Prevention? |
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| 1. **What are you expecting from training and volunteering with Suicide Prevention?**
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| **11. Have you been personally affected by suicide?** **(e.g., as a survivor of suicide loss, survivor of a suicide attempt,** **knows someone who took their own life or attempted)** |
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| 1. **Tell us about how you manage your time/schedule and how you make time to balance the various important commitments in your life in addition to self-care.**
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| 1. **What is your availability in the months after training is over?**
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| Tell us about your past experiences in conflict management, emergencies, or crisis situations (can be personal or professional). |
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| 1. **Have you ever…**
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| Suffered from depression?  |
| Suffered from substance dependence?  |
| Suffered from a mental illness?  |
| Considered attempting or attempted suicide?  |
| Been arrested or convicted of a felony?  |
| 1. **Tell us about your self-care and coping methods for when you are feeling stressed or down.**
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| 1. **Have you ever called a support or helpline to get help for yourself or someone else?**
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| 1. **Tell us a little about your technological skills**

**(e.g., computer programs familiar with, other related skills).**(*It is not necessary to be very technologically adept to become a crisis line volunteer, basic online search skills, email access, and word-processing skills are the only necessary skills)* |
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| Signatures |
| I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application. |
| Signature of applicant: | Date: |