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| C:\Documents and Settings\Office\My Documents\Dropbox\Office Files\SPYC Logo\Large SPYC Logo-Higher Quality.jpg Office Use OnlyDate Received:Date Emailed:Office Use OnlyInterview Date: Notes: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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| Have you ever been convicted of a felony?  |  |
| 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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| **10. 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)**Volunteers with [lived experience](https://www.sprc.org/keys-success/lived-experience) can be an extremely valuable asset to any suicide prevention center and prevention efforts. Those who have survived a suicide loss understand the nuanced and complicated grief or conflict someone might be experiencing on the line. We certainly welcome those who have lost or experienced their own mental health struggles. However, we want to make sure all volunteers are safe, engaging in self-care, and self-aware of their own boundaries, limitations, triggers, and emotions. Therefore, potential volunteers who have experienced a significant depressive or suicidal episode, substance or alcohol addiction, a big loss, or important life change are encouraged to apply after they’ve had at least 1 year to process, recover, and build supports around them for ongoing stability. |
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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?  |
| 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 (employment and references). I have received a copy of this application. I understand that there is an ongoing screening process involved in selecting trainees for volunteer training and that acceptance to the training group does not guarantee that I will be able to serve as a crisis line volunteer if training standards are not met. |
| Signature of applicant: | Date: |