

# **CRISIS CLINIC VOLUNTEER APPLICATION**

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## **GENERAL INFORMATION**

Please indicate which Orientation / Screening session you prefer:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Which volunteer position are you applying for?

- Crisis Line Volunteer       Teen Link       Administrative Assistant/Special Projects

If applying to be a Crisis Line Volunteer, are you interested in helping the Volunteer Services Department with special administrative projects until you begin training? These projects do not have any specific time commitment and have flexible hours.       Yes       No

How did you learn about our volunteer opportunities?

- Craig's List       United Way       VolunteerMatch.com       Crisis Clinic Website  
 Newspaper: \_\_\_\_\_       Employee or Volunteer: \_\_\_\_\_  
 School: \_\_\_\_\_       Radio Station: \_\_\_\_\_  
 Flyer at: \_\_\_\_\_       Other: \_\_\_\_\_

Describe previous or current volunteer experience. \_\_\_\_\_

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**For Office Use Only:**

- WSP       O/S       Reference 1       Reference 2  
 Mock Call       1<sup>st</sup> LS       Manual       2<sup>nd</sup> LS

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## **EMPLOYMENT**

Please provide either your current or most recent employer:

This is my:  Current employer       Previous employer

Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_

## **PERSONAL AND PROFESSIONAL REFERENCES**

Please provide two non-family references.

May we contact?     Yes       No

### **Personal Reference:**

Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

### **Professional Reference:**

Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

## **MISCELLANEOUS**

Please indicate any foreign languages you speak fluently: \_\_\_\_\_

Describe any specialized training, apprenticeship, skills, and/or hobbies:

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Have you ever been convicted of a felony or gross misdemeanor?     Yes       No  
**(Conviction will not necessarily disqualify an applicant from volunteering.)**

If yes, please explain: \_\_\_\_\_

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## **COMMITMENT**

Once training is complete, the Crisis Line Volunteer position requires a 12-month commitment. This involves one 4½-hour shift per week, one on-call shift per month, and one holiday shift per calendar year. Are you able to make this commitment?  Yes  No  N/A

## **AVAILABILITY**

Please circle the days and times you are **generally** available to volunteer:

<b>SUN</b>	<b>MON</b>	<b>TUE</b>	<b>WED</b>	<b>THUR</b>	<b>FRI</b>	<b>SAT</b>
morning	morning	morning	morning	morning	morning	morning
afternoon	afternoon	afternoon	afternoon	afternoon	afternoon	afternoon
evening	evening	evening	evening	evening	evening	evening

## **EDUCATION**

What is the highest level of education you have **completed**?

- Did not complete high school   
  Associate's degree   
  Technical degree  
 High school or G.E.D.   
  Bachelor's degree   
  Post-graduate degree

Completed Program(s):

<b>School</b>	<b>Dates</b>	<b>Field</b>	<b>Degree</b>

Are you currently in school?  Yes  No (if no, skip to next section)

Current School(s):

<b>School</b>	<b>Dates</b>	<b>Field</b>	<b>Degree</b>

Are you working with your college to receive internship credit for volunteering?  Yes  No

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## **APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application at the discretion of Crisis Clinic. I understand that false or misleading information given in my application, WSP form, or interview(s) may result in dismissal as a volunteer. I understand, also, that I am required to abide by all rules and regulations of Crisis Clinic.

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Signature of Applicant

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Date

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I have attached a copy of the Washington State Patrol background check form:

Yes  No

I have attached Page 5 of this application, "Providers":

Yes  No

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**Please note that we consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, disability, marital or veteran status, sexual orientation, or any other legally protected status. Applicants for Crisis Line must be at least 21 years of age.**



When complete, please mail, email, or fax your application to:

**Mail to:**

Crisis Clinic  
Volunteer Services  
Northgate Executive Center II  
9725 3<sup>rd</sup> Avenue Northeast Suite 300  
Seattle, WA 98115

**Fax:**

206.461.8368

**E-Mail:**

[VolunteerServices@CrisisClinic.org](mailto:VolunteerServices@CrisisClinic.org)

**Phone:**

206.461.3210 ext. 697

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## **PROVIDERS**

I have utilized services at the following provides within the last twelve (12) months:

- Cancer Lifeline
- Community Psychiatric Clinic
- Community House
- Consejo
- Downtown Emergency Service Center
- Evergreen Mental Health
- Far West Family Services
- Jewish Family Service
- Puget Sound Educational District
- Seattle Counseling Service for Sexual Minorities
- Sea Mar
- Seattle Indian Health Board
- Therapeutic Health Services
- UW Behavioral Research Training Clinic
- YMCA
- None of the above

**CRISIS CLINIC  
NOTICE/AUTHORIZATION OF CRIMINAL BACKGROUND &  
FEDERAL EXCLUDED LIST SERVICE CHECKS**

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In compliance with Washington Administrative Code 388-06-0130, background checks must be conducted on prospective employees and volunteers who will or may have unsupervised access to children under 16 years of age, developmentally disabled persons, or vulnerable adults consistent with RCW 43.43.830-43.43.845. In addition, as required by our contract with King County Mental Health, Chemical Abuse and Dependency Services Division (KCMHCADSD), we must do annual background checks on current Crisis Services staff, volunteers and contractors of Crisis Services, and Hospital Authorization Services and Teen Link staff under the Criminal Records Privacy Act, RCW 10.97.

KCMHCADSD also requires that we check the Federal Excluded Parties List System (EPLS) database annually to confirm that our Agency, Crisis Services and Teen Link staff, contractors and Board members have not been debarred or suspended, and thereby excluded from receiving Federal contracts, certain subcontracts, and certain Federal financial and nonfinancial assistance and benefits.

The purpose of this Notice/Authorization is to notify you that Crisis Clinic will be conducting a criminal background check on you through the Washington State Patrol, and a check through EPLS at time of hire/start of volunteering, and annually thereafter for those staff/volunteers listed above. This Notice shall remain in effect for the duration of your employment/volunteer assignment with Crisis Clinic. Please note that a conviction may not necessarily disqualify an applicant or cause termination of an employee or volunteer.

You are entitled to, and Crisis Clinic shall provide you with, a copy of any findings from this investigation through the WA State Patrol or Federal EPLS at your request.

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**Please print carefully and legibly.**

Last Name	First Name	Middle Name
Social Security Number	Date of Birth (MM/DD/YYYY)	Gender (M or F)

Have you ever been convicted of a felony or gross misdemeanor?  Yes    No  
(Misdemeanor that resulted in imprisonment, probation or fine greater than \$500)

Have you ever been sanctioned or had your license suspended or revoked?  Yes    No  
(Refers to a professional license; e.g., medical license, mental health license, etc.)

**AUTHORIZATION & DISCLOSURE**

My signature authorizes Crisis Clinic to conduct this background check and certifies that I was notified of this investigation. I certify that the information I provide is true and correct, and that my application or employment/volunteer assignment will be terminated based on any false, omitted or fraudulent information.

Signature	Date

# **CRISIS CLINIC VOLUNTEER PROFILE**

***PLEASE PRINT CLEARLY***

**NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

Due to the nature of Crisis Line work, we need to ask you for some fairly personal information. The following questions will help you and our staff assess your suitability for telephone work. All of the information is strictly confidential and will **NOT** be shared with anyone other than our staff. Please be as candid and as complete as possible.

Will you be able to attend all sessions of this training cycle?  Yes  No

We are interested in your overall availability to take on a weekly shift **and** fulfill your responsibilities to sub and do a monthly on-call shift. Please check the items below that apply to you:

- I am a college student
- I am retired or unemployed
- I work full-time days
- I have other volunteer responsibilities
- I work full-time nights
- I have other commitments that seriously limit my availability
- I work part-time
- I travel often and would need to find subs frequently
- Other (please specify) \_\_\_\_\_

Have you ever used the services of Crisis Clinic? If yes, please explain:  Yes  No

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about our volunteer program? \_\_\_\_\_

Please describe a long-term commitment (more than two years) that you have kept in the past:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify three phone room situations that may cause you apprehension:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_



# **CRISIS CLINIC VOLUNTEER PROFILE**

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**Complete the following statements, clarifying your feelings:**

A. People who contemplate suicide are

B. The use of any drug is

C. Abortion, as far as I'm concerned, is

D. If I were anxious about a personal problem, I would

E. Religion is

F. Gays and lesbians

G. To me, the thought of growing old is

Is there anything else you would like us to know about you?

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**SIGNATURE**

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**TODAY'S DATE**