

CRISIS CLINIC VOLUNTEER APPLICATION

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?

24-Hour Crisis Line Teen Link

Washington Recovery Help Line 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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EMPLOYMENT

Please provide either your current or most recent employer:

Employer Name: _____ Ph: _____

This is my: Current employer Previous employer

PERSONAL AND PROFESSIONAL REFERENCES

Please provide two non-family references. May we contact? Yes No

Personal Reference:

Name: _____

Phone: _____

E-mail Address: _____

Relationship to you: _____

Professional Reference:

Name: _____

Phone: _____

E-mail Address: _____

Relationship to you: _____

MISCELLANEOUS

To help demonstrate Crisis Clinic's workplace diversity, please answer the following two questions:

Ethnic Background: _____

Foreign languages you speak fluently: _____

Describe any specialized training or skills:

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

Upon successful completion of training, the Crisis Line Phone Worker position requires a minimum 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

AVAILABILITY

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

SUN	MON	TUE	WED	THUR	FRI	SAT
morning	morning	morning	morning	morning	morning	morning
afternoon	afternoon	afternoon	afternoon	afternoon	afternoon	afternoon
evening	evening	evening	evening	evening	evening	evening
late evening	late evening	late evening	late evening	late evening	late evening	late 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):

School	Dates	Field	Degree

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

Current School(s):

School	Dates	Field	Degree

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.

Signature of Applicant

Date

I have completed the Washington State Patrol background check form (page 6):

Yes No

I have completed the "Providers" form (page 5):

Yes No

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 3rd Avenue Northeast Suite 300
Seattle, WA 98115

Fax:
206.461.8368

E-Mail:
VolunteerServices@CrisisClinic.org

Phone:
206.461.3210 ext. 697

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PROVIDERS

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

- Cancer Lifeline
- Community Psychiatric Clinic
- Community House Mental Health Center
- Consejo Counseling and Referral Services
- Downtown Emergency Service Center
- Evergreen Healthcare Mental Health
- Far West Family Services
- Harborview Mental Health Services
- Seattle Counseling Service
- Sea Mar Community Health Center
- Seattle Indian Health Board
- Ryther Child Center
- Therapeutic Health Services – Encompass
- YMCA
- None of the above

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

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.

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 Volunteer Services and the Clinical Director. 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:

- | | |
|---|--|
| <input type="checkbox"/> I am a college student | <input type="checkbox"/> I am retired or unemployed |
| <input type="checkbox"/> I work full-time days | <input type="checkbox"/> I have other volunteer responsibilities |
| <input type="checkbox"/> I work full-time nights | <input type="checkbox"/> I have other commitments that seriously limit my availability |
| <input type="checkbox"/> I work part-time | <input type="checkbox"/> I travel often and would need to find subs frequently |
| <input type="checkbox"/> Other (please specify) _____ | |

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

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

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?

SIGNATURE

TODAY'S DATE