

Please list your employment background

Please list your educational background

Are you currently a student? _____ Major _____
Are you doing this for school credit? Yes ___ No ___
If yes: Contact person and number _____ Required hours _____
How did you hear about Crisis Services?

Are you currently or have you ever been a Crisis Services Volunteer? Yes No
If yes, when-

Do you have any special limitations which would effect your ability to work on phones (EXPLAIN)

What is your availability for training?
Days _____ Evenings _____ Weekends _____

Please give a personal reference
Name _____ Phone _____

Address _____

On the backside of page 3, please describe your interest in volunteering for the Crisis Phone 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.)



Intern Commitment

I hereby understand that the records of any personal communications received by Crisis 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 Consultants and/or phone shift co-workers.

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

I understand that the act of putting a suicidal caller on hold is grounds for immediate dismissal and at the mentioning of any weapon* I must inform the supervisor on call of said weapon.

I further commit to the following:

1. **Attendance at all training sessions of Crisis Services Phone 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 schedule to meet internship hourly requirement(s).
3. Bi-Weekly supervision with Supervisor followed by monitoring and mentoring between supervisions.
4. Attendance at advanced trainings held at monthly volunteer meetings.

* Weapon can be any object that can be used in committing harm to oneself or to others.

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

I have read and hereby agree to the above commitment.

Signature: _____

Printed Name: _____

Date: _____