



# Crisis Counseling Program (Hotline) Volunteer/Intern Application

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

The following application is designed to help us determine your qualifications for training as a volunteer/intern Crisis Counseling Specialist for Crisis Services. An interview will be scheduled prior to the start of training.

1. Name: \_\_\_\_\_  
                                -Last-    -First-    -Middle Initial-

2. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Address: \_\_\_\_\_  
  -Street-    -City-    -Zip-

4. Telephone: Home \_\_\_\_\_ Hours to Call \_\_\_\_\_  
                                Business \_\_\_\_\_ Hours to Call \_\_\_\_\_  
                                Cell \_\_\_\_\_ Hours to Call \_\_\_\_\_

5. E-mail address: \_\_\_\_\_  
Do you use this email regularly?    YES    NO

6. Education: High School \_\_\_\_\_  
                                College \_\_\_\_\_ Degree \_\_\_\_\_  
                                Year Received/Expected \_\_\_\_\_  
                                Additional Education \_\_\_\_\_  
                                \_\_\_\_\_

7. Employment: Please list your employment background  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Volunteer Work Experience and/or Community Service:  
                                -Organization-    -Year-    -How Long-    -Position-  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. Please list your counseling experience (education, training, work, volunteer, etc.)** *(Please note that lack of counseling experience does not disqualify your application. )*

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**10. Do you have any experience relating to children?** Explain-

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**11. How did you learn about Crisis Services?** \_\_\_\_\_

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**12. Have you ever been convicted of a crime with the exception of minor traffic offenses?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please provide an explanation \_\_\_\_\_

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**13. Are you currently or have you ever been a Crisis Services volunteer?** Yes No

If yes, when? \_\_\_\_\_

**14. Do you have any special limitations which would affect your ability to work on the phones?**

Explain: \_\_\_\_\_

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**15. Do you have a working knowledge of computers?** Yes No

**16. What is your availability for training shifts?**

Days \_\_\_\_\_ Evenings \_\_\_\_\_ Weekends \_\_\_\_\_

**17. Please list 2 references, business and/or professional:**

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

Address \_\_\_\_\_

Please include Street, City, State, and zip code

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

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

Address \_\_\_\_\_

Please include Street, City, State, and zip code

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

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

**For Internship Applicants Only:**

College/University \_\_\_\_\_

Type of Program/Major \_\_\_\_\_

Name of Internship Advisor \_\_\_\_\_

Contact Information of Internship Advisor  
\_\_\_\_\_

Requirements for Internship Supervisor  
\_\_\_\_\_

Length of Internship:

\_\_\_\_\_ 1 Semester

\_\_\_\_\_ 2 Semesters

Internship Start Date (mm/yy) \_\_\_\_\_

Internship Completion Date (mm/yy) \_\_\_\_\_

Number of Required Internship Hours \_\_\_\_\_

What would you like to get out of your internship experience?

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



# Volunteer/Intern Commitment

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 Specialists and/or Crisis Counseling Program co-workers.

I agree not to communicate with agency clients in any way except while working as a Crisis Counseling Specialist at Crisis Services. I further commit to the following:

## *If interning, sign this commitment:*

### **INTERNS:**

1. You are required to complete the full 40 hours of classroom training.
2. The final day of the classroom training you will receive your ID badge and **you will be required to sign up for the first 4 training sessions.** These sessions are 4 hours long and are strictly observation. You will be paired with a Crisis Counseling Specialist. The second 4 training sessions are "hands on." You will again be paired with a Crisis Counseling Specialist and they will be assisting you in taking calls and completing call reports. You are required to complete 8 training sessions in a 2 month period in order to sign up for designated volunteer shifts.
3. Your work is assigned to meet internship hourly requirements.
4. Those interns in need of 200+ hours may count training hours towards hours needed (all others—training does not count).
5. Interns will attend clinical supervision with their internship supervisor at least twice a month or once a week depending on internship contract. Supervision will begin during the training shift period. (At the supervisor's discretion, supervision may be conducted in a group format depending on how many students are interning during the semester.)

I have read the following commitment and agree to complete my training shifts and 200 hours as indicated above.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_  
Date \_\_\_\_\_

## *If volunteering, sign this commitment:*

### **VOLUNTEERS:**

1. You are required to complete the full 40 hours of classroom training.
2. The final day of the classroom training you will receive your ID badge and **you will be required to sign up for the first 4 training sessions.** These sessions are 4 hours long and are strictly observation. You will be paired with a Crisis Counseling Specialist. The second 4 training sessions are "hands on." You will again be paired with a Crisis Counseling Specialist and they will be assisting you in taking calls and completing call reports. You are required to complete 8 training sessions in a 2 month period in order to sign up for designated volunteer shifts.
3. You are required to attend 2 group supervision sessions (1 hour each) held at the end of each month during your training shifts.
4. Failure to complete these training sessions will result in suspension of your iCarol account. If you do not complete these training sessions you will not be able to volunteer and will be asked to return your training binder and ID badge.
5. As a volunteer at Crisis Services it is expected that you sign up for supervision at least once a month with your supervisor. **\*\*See supervision document for more details\*\***
6. Once your training sessions are completed you are **required to work at least 3 (4 hour) shifts per month for a minimum of 6 months.** Please see your supervisor in advance if you are unable to work your monthly minimum shift requirement.
7. You are required to attend quarterly volunteer meetings. If you are unable to attend a meeting please let a supervisor know in advance.
8. Once the first 6 months is completed there are opportunities to earn an "advanced certificate" and to become a "volunteer mentor". More details will be provided as these milestones are met.

I have read the following commitment and agree to complete my training shifts and 200 hours as indicated above.

Printed Name \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_