

SAN FRANCISCO SUICIDE PREVENTION, INC.

VOLUNTEER APPLICATION / www.sfsuicide.org

P.O. Box 191350 San Francisco, California 94103-2003

415-984-1900 x 103 www.nathanh@sfsuicide.org

6 page document

DATE: _____

NAME: Mr./Ms./Mrs./Miss _____

LAST

FIRST

ADDRESS: _____

CA.

CITY

ZIP CODE

TELEPHONE: _____
HOME/MOBILE PHONE (HOURS OK TO CALL) WORK PHONE (HOURS OK TO CALL)

E-MAIL: _____

IN CASE OF EMERGENCY NOTIFY (NAME, ADDRESS, PHONE NUMBER):

The Volunteer Position requires that all volunteers be at least 20 years of age. Are you 20 years of age or older? _____NO _____YES

Would you like to be considered for an intern position while doing crisis line volunteering? ___ NO ___ YES

EDUCATION:

NAME/LOCATION OF SCHOOL	DID YOU GRADUATE?	SUBJECTS STUDIED/MAJOR	SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

CONTINUE >>

FORMER EMPLOYERS AND PRIOR WORK EXPERIENCE (START WITH THE MOST RECENT):

EMPLOYER (NAME, ADDRESS, AND PHONE NUMBER)	DATES (FROM/TO)	POSITION (OCCUPATION)	REASON FOR LEAVING

PRIOR VOLUNTEER EXPERIENCE (START WITH THE MOST RECENT):

ORGANIZATION (NAME, ADDRESS, AND PHONE NUMBER)	DATES (FROM/TO)	POSITION	REASON NO LONGER VOLUNTEERING

Do you speak a foreign language? If so, which one(s) and how fluently?

Have you ever applied to or worked for a crisis intervention or emotional support line? Where?

When? _____

CONTINUE >>

CHARACTER REFERENCES: Please give names of people who know you personally, Exclude family & psychotherapists.

NAME	ADDRESS & PHONE NUMBER	RELATIONSHIP TO YOU	YEARS ACQUAINTED	MAY WE CALL THIS PERSON?

Briefly state why you wish to work for us as a volunteer on the Crisis and AIDS/HIV Nightline:

Please answer the following questions.

1. Have you ever been severely depressed? YES NO

If yes, please explain: _____

2. Tell us about a personal crisis and how you dealt with the situation?

CONTINUE >>

3. Have you ever seriously considered committing suicide? YES NO

If yes, please explain: _____

4. Have you ever attempted suicide? YES NO

If yes, please explain: _____

5. Have ever known anyone that is HIV+ or has/had AIDS? YES NO

If yes, please tell us about your experience:

6. Have you ever known anyone who has attempted or committed suicide?

If yes, who was that person, and when did this happen?

CONTINUE >>

7. Have you ever called any support line to get help for yourself or another person?

If yes, tell us about your experience:

8. In addition to the Crisis and Nightline we answer the SF Drug Line and the SF Relapse Line. We also have several after hour contracts to answer calls between the hours of 5 PM and 8:30 AM Monday thru Fridays and all day weekends. Your training will cover these programs and you will be providing a valuable service to the community. Do you agree to provide service on all of the lines that SFSP covers? _____ Yes _____ No

9. Have you or your spouse/ domestic partner ever been active in the military? Explain.

CONTINUE >>

PLEASE READ AND SIGN THE FOLLOWING:

_____ I understand that the records of and communications received by SFSP are strictly confidential, and that any information I am exposed to must never be divulged to any person outside of San Francisco Suicide Prevention, Inc.

_____ I agree not to see or visit any person using the services of SFSP, nor to communicate with such a person in any way -- except as authorized by the staff.

_____ I understand that even if I am accepted into the Crisis Line Volunteer training, I may or may not be able to work on-lines.

_____ If I become a Crisis Line volunteer, I promise to volunteer for a year minimum or 200 hours. In that year, I promise to work a minimum of four hours per week (except for scheduled vacations). I also promise to give at least a two-week notice prior to taking any vacation. I will make up missed shifts and help with 6 additional shifts during holidays, in addition to my regular weekly commitment. I also understand that there will be periodic evaluations of my work by staff members. A more detailed explanation of my commitment will be reviewed and given to me after I successfully complete training and am accepted as a Crisis Line Volunteer.

_____ I authorize investigation of all statements contained in this application.

_____ I have completed all questions truthfully. I understand that any falsification of information or omissions of information by me on this application is grounds for removal from any training and/or any volunteer opportunities with San Francisco Suicide Prevention.

FOR OFFICE USE ONLY:

DATE RECEIVED _____ RECEIVED BY _____

FIRST INTERVIEW (DATE AND TIME) _____

ACCEPTED INTO TRAINING? CLASS TO BEGIN WHEN? _____

FINAL INTERVIEW (DATE AND TIME) _____

THIS APPLICATION IS PROPERTY OF SAN FRANCISCO SUICIDE PREVENTION
AND MAY NOT BE REPRODUCED OR USED IN ANY WAY
WITHOUT THE PERMISSION OF SAN FRANCISCO SUICIDE PREVENTION.

REVISED July, 2009