



San Francisco Suicide Prevention, Inc.

Volunteer Application

Please return your completed application to us via email or mail:

Email: volunteer@sfsuicide.org

Mail: San Francisco Suicide Prevention
C/O Volunteer Coordinator
P.O. Box 191350
San Francisco, CA 94119

Date	
Name	Mr./Mrs./Ms./Miss
Street Address	
City, State, Zip	
Home Phone	
Cell Phone	
Hours OK to Call	
Email Address	
Date of Birth	
Employment	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Not Employed
Student	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Not Enrolled
Emergency Contact (name, phone, address)	
All volunteers at San Francisco Suicide Prevention must be at least 20 years of age. Are you 20 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are currently enrolled in a graduate level program in Psychology or Clinical Social Work, are you interested in a Clinical Internship that would allow you to count hours towards BBS requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Personal Profile: OPTIONAL & CONFIDENTIAL		
Gender	Ethnicity	Sexual Orientation

Education: PLEASE LIST ANY EDUCATIONAL INSTITUTIONS YOU HAVE ATTENDED, STARTING WITH THE MOST RECENT				
School Name & Location	Major or Specialization	Degree Level	Did You Graduate?	Dates

Employment History: PLEASE LIST YOUR PAST WORK EXPERIENCE, STARTING WITH YOUR MOST RECENT EMPLOYER			
Employer Name & Phone Number	Dates	Position	Reason For Leaving

Volunteer Experience: LIST ANY PREVIOUS VOLUNTEER EXPERIENCE			
Organization	Dates	Responsibilities	Reason For Leaving

Relevant Skills: PLEASE LIST ANY SPECIAL SKILLS YOU HAVE LEARNED IN YOUR PREVIOUS WORK OR VOLUNTEER EXPERIENCE THAT YOU THINK WOULD BE RELEVANT TO YOUR VOLUNTEER WORK AT SFSP

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Personal References: PLEASE PROVIDE THREE PERSONAL REFERENCES—DO NOT INCLUDE FAMILY OR THERAPISTS

Name	Phone	Relationship To You	Years Known	OK To Call?

In addition to Monday night workshops, trainees must complete a total of eight call room shadow shifts during the nine-week training session.

Availability: PLEASE MARK THE FOUR-HOUR SHIFTS THAT YOU WILL BE AVAILABLE FOR CALL ROOM TRAINING IN THE SPACE BELOW

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
7am–11am							
11am–3pm							
3pm–7pm							
7pm–11pm							

QUESTION 1:

How did you find out about this volunteer opportunity at San Francisco Suicide Prevention?

QUESTION 2:

What interests you in working as a crisis counselor on the Crisis Line and HIV/AIDS Nightline?

QUESTION 3:

How do you care for yourself when you're feeling depressed?

QUESTION 4:
Tell us about a personal crisis and how you dealt with the situation.

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QUESTION 5:	
Have you ever seriously contemplated ending your life?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain.	

QUESTION 5:	
Have you ever seriously contemplated ending your life?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain.	

QUESTION 5:	
Have you ever seriously contemplated ending your life?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain.	

QUESTION 6:	
Have you ever attempted suicide?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain.	

QUESTION 6:	
Have you ever attempted suicide?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain.	

QUESTION 6:	
Have you ever attempted suicide?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain.	

QUESTION 7:

Have you ever known anyone who is HIV positive or has been diagnosed with AIDS? ☐ Yes ☐ No

If Yes, please tell us about your experience.

QUESTION 8:

Have you ever known someone who attempted or completed suicide?
If Yes, who was the person, and when did this happen? ☐ Yes ☐ No

QUESTION 9:

Have you ever called a support line to get help for yourself or another?
If Yes, tell us about your experience. ☐ Yes ☐ No

QUESTION 10:

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

If Yes, please give details of service.

☐ Yes ☐ No

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 on the 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?

If No, please explain.

☐ Yes ☐ No

PLEASE READ AND INITIAL 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 one additional shift 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 _____

INTERVIEW (DATE AND TIME) _____

ACCEPTED INTO TRAINING? ☐ Yes ☐ No

CLASS TO BEGIN WHEN? _____

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 FEBRUARY 2010