



Volunteer Application

Full Name: _____ Date of Application _____

Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ E-mail Address: _____

Date of Birth: _____ Circle Highest Level of Education Completed:

H.S. Grad/GED

Some College

Associates Degree

Bachelors Degree

Graduate Degree

Additional Education and/or Training: _____

EMPLOYMENT

Current Employment Status: Unemployed Part-Time Full Time Retired

Current Employer: _____ Dates: From _____ to _____

Position: _____ Hours: _____

Responsibilities/Duties: _____

INTERESTS

How did you learn about the Arkansas Crisis Center? _____

Please list any additional comments about yourself, including your motivation for volunteering: _____

Hobbies, Interests and Skills: _____

Previous and/or other volunteer experience including location and dates: _____

List the names and phone numbers of two personal and/or professional references:

Name: _____ Phone: _____ How many years known? _____

Relationship: _____

Name: _____ Phone: _____ How many years known? _____

Relationship: _____

I am interested in the following volunteer opportunities:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Crisis Hotline Worker | <input type="checkbox"/> Crisis Chat Worker | <input type="checkbox"/> Community Advocate | <input type="checkbox"/> Special Events Volunteer |
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Fund Development | <input type="checkbox"/> Office Assistance | <input type="checkbox"/> Other _____ |

(The Remaining Sections for Crisis Hotline/Chat Volunteers ONLY)

Have you volunteered or worked as a crisis line worker in the past? Yes No

When? _____ Reason for leaving? _____

What are your strengths and limitations relating to people in distress or crisis? _____

AVAILABILITY & COMMITMENT

Are you willing to commit at least one year of volunteer service to Arkansas Crisis Center, including the full 40 hour training class plus apprentice shifts followed by at least 9 hours (three 3hour shifts) per month?

Yes No

Please read carefully and sign the statement below:

Realizing that confidentiality is the cornerstone of the Arkansas Crisis Center, I agree to keep any and all information that comes to me during training in the strictest of confidence.

I agree that I may be asked by the Clinical Services Team to withdraw from classes at any time.

By signing this form below, I certify that the information included herein is true and correct to the best of my knowledge. I understand that should any information on this form be discovered to be false, it will be grounds for my immediate dismissal from my duties as a volunteer for the Arkansas Crisis Center. I have not knowingly falsified or omitted any information.

Signature: _____ Date: _____

Return completed form to: Arkansas Crisis Center; 614 E. Emma, Suite 213; Springdale, AR 72764

Questions? Call Jessica Fugitt at 479-365-2148, or email: jfugitt@arcrisis.org