



## 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: \_\_\_\_\_

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**(The Remaining Sections for Crisis Line 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 the business office at 479-756-1995

<b>Return To:</b> Arkansas Crisis Center, 614 E. Emma, Ste 213, Springdale, AR 72764 Fax: 479-756-2338 Email: <a href="mailto:aslott@arcrisis.org">aslott@arcrisis.org</a>
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