



**The Crisis Clinic**  
**of Thurston and Mason Counties**  
 1910 East 4<sup>th</sup> Ave. PMB #87  
 Olympia, WA 98508-3453  
**(360) 586-2888 Extension 100**

# Phone Line Volunteer Application

info@crisis-clinic.org

Name (first, middle, last, please print): \_\_\_\_\_

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

I am applying to be: \_\_\_\_\_ an adult volunteer (**Training fee: \$35**) \_\_\_\_\_ a teen/youth volunteer (must be at least 15-18 years of age)  
 \_\_\_\_\_ an intern \_\_\_\_\_ Other training options available, contact 360.586.2888 ext.100

Mailing address: \_\_\_\_\_

Dietary preferences: \_\_\_\_\_

Pronoun: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Please list the names and phone numbers of two people (at least 18 years old) whom the Crisis Clinic may contact as references.

Reference #1: \_\_\_\_\_

Reference #2: \_\_\_\_\_

Education Background: \_\_\_\_\_

Employment: \_\_\_\_\_

Employment experience: \_\_\_\_\_

What do you expect to gain for yourself from volunteering at the Crisis Clinic?

Briefly describe a personal crisis you have experienced (**not** how you helped someone else through a crisis) and how you handled the situation:

Have you ever called the Crisis Clinic yourself? If yes, briefly describe the situation and how you felt about the Clinic's response:

Do you anticipate any problems integrating Crisis Clinic work with your family, job, or other commitments? If yes, please specify:

Do you have any mental or physical limitations that may impair your ability to be an effective phone worker?

### Acceptance as a Crisis Clinic Volunteer requires the following commitments:

1. **Committing to one 4-hour shift each week and six overnights. (overnights do not apply to teen/youth volunteers)**
2. **Attending all training; one weekend, weeknight sessions and six weekly phone room training shifts.**
3. **Completion of a minimum of 200 hours of phone line shifts after training. (minimum of 100 hours for teen/youths)**
4. **Submitting to a Washington State Patrol background check.**
5. **Abiding by all Crisis Clinic policies and procedures.**
6. **Parental consent required for teen/youths (15-18 years of age)**

\_\_\_\_\_  
Parent Signature

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

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please complete the following statements from a personal perspective.  
There are no "right" or "wrong" responses.

1. My greatest asset for becoming a Crisis Clinic volunteer is
  
2. My greatest limitation for becoming a Crisis Clinic volunteer is
  
3. When I am anxious about a personal problem, I
  
4. People who have chronic mental illnesses are
  
5. The use of marijuana is
  
6. Abortion should be
  
7. People who are sexually abusive are
  
8. People from other countries who believe America is a threat are
  
9. Religion is
  
10. Homosexuals should
  
11. People who are behind on their bills are

**How did you hear about volunteering at The Crisis Clinic of Thurston and Mason Counties?**

The Crisis Clinic Website \_\_\_\_\_ Our Facebook Page \_\_\_\_\_ Crisis Clinic Volunteer/Staff \_\_\_\_\_  
Radio (which station?) \_\_\_\_\_ Flyer \_\_\_\_\_ Other (please explain) \_\_\_\_\_