



The Crisis Clinic
of Thurston and Mason Counties
PO Box 13453 Olympia, WA 98508-3453
(360) 586-2888

Volunteer Phone Worker

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

Date:

I am applying to be: _____ an adult volunteer _____ a youth volunteer (must be at least 15 years of age)
_____ an intern _____ pay for training (individual: \$150 *, agency: \$200)

Mailing address:

City: _____ State: _____ Zip code: _____ E-mail: _____

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: _____

Volunteer Experience:

Educational Background:

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 Crisis 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?

Do you plan to be away from the area for more than two weeks during the next year?

Acceptance as a Crisis Clinic Volunteer requires the following commitments:

- (1) Committing to one 4-hour shift each week and being responsible for finding a substitute when necessary;**
- (2) Attending all training sessions including the entire training weekend, weeknight workshops, and 5 weekly phone room training shifts;**
- (3) Participating in follow-up training once per year after beginning crisis line work;**
- (4) Completion of a minimum of 200 hours of phone work after training;**
- (5) Submitting to a Washington State Patrol background check; and**
- (6) Abiding by all Crisis Clinic policies and procedures.**

Signature: _____

* Consult staff about options if trainig fees are a hardship.

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'm 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?

Crisis Clinic Volunteer _____

Crisis Clinic Website _____ Poster _____

Volunteer Center _____

Newspaper (which one?) _____

Radio (which station?) _____

Other (please specify) _____