



APPLICATION FOR VOLUNTEER TRAINING

Please print neatly – thank you!

Name: _____

Address: _____

Phone: (H) _____ (W) _____ Cell _____

Email: _____

Emergency contact: _____ Phone: _____

Gender: M F Age _____ D.O.B. _____

Skills and Interests:

Circle highest level of education completed:

H.S. grad Community College 4-Year Degree Graduate Degree

Additional education and/or training:

Current employment status: Unemployed Part-Time Full Time Retired

Name of Employer: _____

Job Title: _____

Hobbies, Interests and Skills:

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

Have you taken ContactLifeline training in the past? Yes No

When? _____ Where? _____

Reason for terminating _____

Write a brief statement explaining your desire to volunteer for ContactLifeline:

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

Background Verification

Have you ever been convicted of a criminal offense? Yes No

Have you ever been charged with neglect, abuse, or assault? Yes No

Has your driver's license ever been suspended or revoked in any state? Yes No

Do you use illegal drugs? Yes No

Do you have any physical limitations which might limit your ability to perform certain types of work? Yes No

Background Checks will be performed before active service.

Availability & Commitment

Are you willing to commit to the full 40+ hour training class plus three months of apprentice shifts followed by at least one year of volunteer service to ContactLifeline (volunteering 12 hours per month) and mandatory Advanced Training sessions quarterly? Yes No

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

Name: _____ Phone # : _____

How many years known and in what capacity? _____

Name: _____ Phone # : _____

How many years known and in what capacity? _____

Please read carefully and sign the statement below:

Realizing that confidentiality is the cornerstone of the ContactLifeline program, 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 Program Director to withdraw from classes at any time.

I also agree that in the event of my withdrawal or resignation, I will keep confidential all information related to the work of ContactLifeline.

Date

Signature

Please submit this form to:

ContactLifeline, Inc.
Volunteer Training
PO Box 9525
Wilmington, DE 19809