



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

Phone Room Volunteer Application

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

Date: _____

I am applying to be: _____ an adult volunteer _____ a youth volunteer (must be at least 15-18 years of age)
_____ an intern _____ pay for weekend training (individual: \$150, agency: \$200, non-profit \$75)
If you are interested in the full training please contact us for pricing.

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: _____

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 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.
2. Attending all training; training weekend, weeknight workshops, and five 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.
6. Abiding by all Crisis Clinic policies and procedures.

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'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) _____