



**The Crisis Clinic of Thurston and Mason Counties**

1910 East 4<sup>th</sup> Ave PMB 87  
Olympia, WA 98506-4632  
(360) 586-2888 ext. 114

# Volunteer Application

Name (first, middle initial, last): \_\_\_\_\_ Date: \_\_\_\_\_

Preferred Name (if different from above): \_\_\_\_\_ Personal Pronouns: \_\_\_\_\_

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

I am applying to be:  Adult Phone Line Volunteer  An Intern  Administrative  
 Teen Phone Line Volunteer (must be 15-18 y/o)  Outreach/Events  Other: \_\_\_\_\_

Please list two names and numbers that we may contact as a reference.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Educational Background: \_\_\_\_\_

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

Skills/Experience: \_\_\_\_\_

Why do you want to volunteer at The Crisis Clinic? \_\_\_\_\_

Briefly describe a personal crisis you have experienced; how did you handle the situation? \_\_\_\_\_

Have you ever called the Crisis Clinic yourself? Briefly explain how you felt about the Clinic's response: \_\_\_\_\_

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

1. Be able to pass a Washington State Patrol background check
2. Abiding by all Crisis Clinic policies, procedures, and protocol
3. Parental Consent is required for teen volunteers (15-18 years of age)

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

\_\_\_\_\_  
Date

Application Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Crisis Clinic Phone Line Volunteer Questionnaire

If you are applying for a position in which you will be answering crisis-related calls, 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) \_\_\_\_\_

Acceptance as a Crisis Clinic Volunteer requires the following commitments:

1. Committing to one 4-hour shift each week and six overnights (overnight shifts do not apply to teen/youth volunteers)
2. Attending all trainings and five 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:** \_\_\_\_\_