



The Crisis Clinic of Thurston and Mason Counties

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

Volunteer Application

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

Pronoun: _____ Birthdate: _____

Mailing Address: _____ City: _____ State: _____ Zip code: _____

Cell Phone: _____ E-mail: _____

I am applying to be: Adult Phone Line Volunteer (\$35 training fee) 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:** _____