

# National Crisis Intervention Training Institute, Inc.

## VOLUNTEER APPLICATION

Dear Applicant!

*Thank you for your interest in volunteering for service within the National Crisis Intervention Training Institute, Inc. Due to the sensitive nature of our work, and the vulnerability of many of our clients, we are cautious in our volunteer candidate screening and selection. We greatly appreciate your patience and cooperation with this process. Please complete the following application completely and honestly. We are sure you will understand that any false, misleading, or incomplete information may result in either your elimination for volunteer candidacy, or your termination as a volunteer. Thank you, again, for your interest, devotion, and willingness to serve!*

*...Joel Johnson, Director*

**Please initial to acknowledge understanding of the statement above \_\_\_\_\_ Date \_\_\_\_\_**

Applying for  Administrative Support Position  Field Position  Board Position  Other

Please Specify \_\_\_\_\_

Name (Last, First, Middle) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Nickname \_\_\_\_\_ Maiden Name (if Applicable) \_\_\_\_\_

Have you ever been known by another name or alias? \_\_\_\_\_, If so, please list all aliases and provide explanation \_\_\_\_\_

### Residence

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Who do you reside with (List all members of household) \_\_\_\_\_

What cities/states have you previously live in? Please list all within last 20 years:

City \_\_\_\_\_ State \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Why Moved? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Why Moved? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Why Moved? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Why Moved? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Why Moved? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Why Moved? \_\_\_\_\_

## Education/Training

Where have you attended school?

\_\_\_\_\_ City/State \_\_\_\_\_ Highest Degree Attained \_\_\_\_\_  
\_\_\_\_\_ City/State \_\_\_\_\_ Highest Degree Attained \_\_\_\_\_  
\_\_\_\_\_ City/State \_\_\_\_\_ Highest Degree Attained \_\_\_\_\_  
\_\_\_\_\_ City/State \_\_\_\_\_ Highest Degree Attained \_\_\_\_\_

List professional licensures / certifications / special training, etc \_\_\_\_\_  
\_\_\_\_\_

***(If any degrees, certifications, or licensures are relevant to your tentative volunteer capacity with NCITI, please attached certified copies to your submitted application...or bring certified copies to your Volunteer Applicant Screening Interview, so that we may make copies for your personnel file. Thanks!)***

## Extracurricular

Please list your hobbies, interests, and past/current extracurricular activities \_\_\_\_\_  
\_\_\_\_\_

Do you participate in any mutual aid support groups, therapy groups, fraternal organizations, religious organizations, etc? If so, please list \_\_\_\_\_  
\_\_\_\_\_

What organizations / groups are you currently volunteering for, or have you volunteered for in the past?

**Organization** \_\_\_\_\_ City/State \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

What is/was your role/position as a volunteer? \_\_\_\_\_

Supervisor \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

Why did you leave the organization? \_\_\_\_\_

**Organization** \_\_\_\_\_ City/State \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

What is/was your role/position as a volunteer? \_\_\_\_\_

Supervisor \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

Why did you leave the organization? \_\_\_\_\_

**Organization** \_\_\_\_\_ City/State \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

What is/was your role/position as a volunteer? \_\_\_\_\_

Supervisor \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

Why did you leave the organization? \_\_\_\_\_

**Organization** \_\_\_\_\_ City/State \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

What is/was your role/position as a volunteer? \_\_\_\_\_

Supervisor \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

Why did you leave the organization? \_\_\_\_\_

**Employment History**  
***(Last 15 years or more)***

**Employer** \_\_\_\_\_ Position \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Department \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Main Contact # \_\_\_\_\_ Why did you leave? \_\_\_\_\_  
Did you hold other positions? \_\_\_\_\_ What position(s)? \_\_\_\_\_  
Circumstances of termination \_\_\_\_\_  
Are you eligible for rehire? \_\_\_\_\_ If "No," why? \_\_\_\_\_  
Remarks \_\_\_\_\_

**Employer** \_\_\_\_\_ Position \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Department \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Main Contact # \_\_\_\_\_ Why did you leave? \_\_\_\_\_  
Did you hold other positions? \_\_\_\_\_ What position(s)? \_\_\_\_\_  
Circumstances of termination \_\_\_\_\_  
Are you eligible for rehire? \_\_\_\_\_ If "No," why? \_\_\_\_\_  
Remarks \_\_\_\_\_

**Employer** \_\_\_\_\_ Position \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Department \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Main Contact # \_\_\_\_\_ Why did you leave? \_\_\_\_\_  
Did you hold other positions? \_\_\_\_\_ What position(s)? \_\_\_\_\_  
Circumstances of termination \_\_\_\_\_  
Are you eligible for rehire? \_\_\_\_\_ If "No," why? \_\_\_\_\_  
Remarks \_\_\_\_\_

**Employer** \_\_\_\_\_ Position \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Department \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Main Contact # \_\_\_\_\_ Why did you leave? \_\_\_\_\_  
Did you hold other positions? \_\_\_\_\_ What position(s)? \_\_\_\_\_  
Circumstances of termination \_\_\_\_\_  
Are you eligible for rehire? \_\_\_\_\_ If "No," why? \_\_\_\_\_  
Remarks \_\_\_\_\_

## Volunteer Preferences

Are you Interested in applying to work in the following program(s)?

Check All That Apply:

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<input type="checkbox"/> Administrative Offices	<input type="checkbox"/> National Child Abuse Task Force
<input type="checkbox"/> Advisory Board	<input type="checkbox"/> Notes of Adam's Song
<input type="checkbox"/> Busking University	<input type="checkbox"/> Psychological Autopsy Team
<input type="checkbox"/> Crisis Intervention Training Academy	<input type="checkbox"/> Stalking Investigation Unit
<input type="checkbox"/> Governing Board of Directors	<input type="checkbox"/> Technical Support
<input type="checkbox"/> M*A*S*H Unit	<input type="checkbox"/> Other (Specify):

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Specify responsibilities you're interested in applying for: \_\_\_\_\_

clientele If applying to work directly with clients, what specific are you interested in working with?

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<input type="checkbox"/> Male	<input type="checkbox"/> Bullies
<input type="checkbox"/> Female	<input type="checkbox"/> Targets of Bullying
<input type="checkbox"/> Gender Doesn't Matter	<input type="checkbox"/> Musicians / Artists / Performers
<input type="checkbox"/> Gay/Lesbian/Bi/Transgendered	<input type="checkbox"/> Law Enforcement
<input type="checkbox"/> Human Trafficking Survivors	<input type="checkbox"/> Social Services/Clinical Professionals
<input type="checkbox"/> Abuse / Exploitation Survivors	<input type="checkbox"/> Emergency First Responders
<input type="checkbox"/> Parental Survivors	<input type="checkbox"/> Families
<input type="checkbox"/> Family of Suicide/Homicide Victims	Other (Specify) _____

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Age Preference (Check All That Apply)

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<input type="checkbox"/> Preschoolers	<input type="checkbox"/> Ages 13-15
<input type="checkbox"/> Ages 5-7	<input type="checkbox"/> Ages 16-17
<input type="checkbox"/> Ages 8-10	<input type="checkbox"/> Ages 18-20
<input type="checkbox"/> Ages 11-12	<input type="checkbox"/> Ages 21-Over

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What are your reasons for preferring the age group(s) you checked? \_\_\_\_\_

What co-factors contribute to your age preference? \_\_\_\_\_

## Personal and Professional References

*Please list three professional references and three personal references*

**Name** \_\_\_\_\_ Title \_\_\_\_\_ Educational Credential \_\_\_\_\_  
Company/Organization \_\_\_\_\_ Phone \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_ Years Acquainted \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
How Acquainted? \_\_\_\_\_

**Name** \_\_\_\_\_ Title \_\_\_\_\_ Educational Credential \_\_\_\_\_  
Company/Organization \_\_\_\_\_ Phone \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_ Years Acquainted \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
How Acquainted? \_\_\_\_\_

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Company/Organization \_\_\_\_\_ Phone \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_ Years Acquainted \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
How Acquainted? \_\_\_\_\_

**Name** \_\_\_\_\_ Title \_\_\_\_\_ Educational Credential \_\_\_\_\_  
Company/Organization \_\_\_\_\_ Phone \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_ Years Acquainted \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
How Acquainted? \_\_\_\_\_

**Name** \_\_\_\_\_ Title \_\_\_\_\_ Educational Credential \_\_\_\_\_  
Company/Organization \_\_\_\_\_ Phone \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_ Years Acquainted \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
How Acquainted? \_\_\_\_\_

**Name** \_\_\_\_\_ Title \_\_\_\_\_ Educational Credential \_\_\_\_\_  
Company/Organization \_\_\_\_\_ Phone \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_ Years Acquainted \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
How Acquainted? \_\_\_\_\_

## Special History

***An affirmative answer to any of the following sensitive questions will not necessarily exclude you from successful candidacy as a volunteer. In fact, in many cases, a positive history in any or all of these areas may enhance your value as a volunteer, by enhancing your ability to empathize with our clients. However, incomplete, misleading, or false information will, as mentioned previously, are grounds for either termination as a volunteer, or elimination from the volunteer applicant process.***

Have you ever been arrested ? If so, please explain:

**Charge** \_\_\_\_\_ Date of Arrest \_\_\_\_\_ City/State \_\_\_\_\_

Arresting Officer \_\_\_\_\_ Arresting Agency \_\_\_\_\_ Disposition \_\_\_\_\_

**Charge** \_\_\_\_\_ Date of Arrest \_\_\_\_\_ City/State \_\_\_\_\_

Arresting Officer \_\_\_\_\_ Arresting Agency \_\_\_\_\_ Disposition \_\_\_\_\_

**Charge** \_\_\_\_\_ Date of Arrest \_\_\_\_\_ City/State \_\_\_\_\_

Arresting Officer \_\_\_\_\_ Arresting Agency \_\_\_\_\_ Disposition \_\_\_\_\_

**Charge** \_\_\_\_\_ Date of Arrest \_\_\_\_\_ City/State \_\_\_\_\_

Arresting Officer \_\_\_\_\_ Arresting Agency \_\_\_\_\_ Disposition \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony? \_\_\_\_\_ If yes, please elaborate explain, and list current status of your case \_\_\_\_\_

Please list all traffic violations you have been issued a citation for in the last 10 years \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ State \_\_\_\_\_ Type \_\_\_\_\_ Number \_\_\_\_\_

In what other states have you had a valid driver's license? \_\_\_\_\_

Have you ever had your driver's license suspended or revoked? \_\_\_\_\_ If yes, please elaborate:

Have you ever been involuntarily discharged, fired, or given the opportunity to resign to avoid being terminated from any job or volunteer position? \_\_\_\_\_ If Yes, please list employer and circumstances:

Have you ever been treated for any form of substance abuse, dependency, or addiction? \_\_\_\_\_

If yes, please elaborate: \_\_\_\_\_

Facility \_\_\_\_\_ City/State \_\_\_\_\_ In/Outpatient \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Facility \_\_\_\_\_ City/State \_\_\_\_\_ In/Outpatient \_\_\_\_\_ From \_\_\_\_ to \_\_\_\_  
Facility \_\_\_\_\_ City/State \_\_\_\_\_ In/Outpatient \_\_\_\_\_ From \_\_\_\_ to \_\_\_\_  
Facility \_\_\_\_\_ City/State \_\_\_\_\_ In/Outpatient \_\_\_\_\_ From \_\_\_\_ to \_\_\_\_

To your knowledge, have you ever been, or are you now, the target of an investigation by any governmental organization, or contractual, private company which provides protective services to children, youth, the elderly, or any other vulnerable population? \_\_\_\_\_ If yes, please elaborate

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been accused of sexual harassment, sexual abuse or exploitation, or any crime of moral turpitude? \_\_\_\_\_ If yes, please elaborate \_\_\_\_\_

\_\_\_\_\_

Have you ever been contacted by law enforcement or any other agency or organization regarding your alleged involvement in any crime of violence, stalking, harassment, abuse, neglect, or exploitation? \_\_\_\_\_ If yes, please elaborate \_\_\_\_\_

\_\_\_\_\_

Have you ever been FALSELY accused of a crime, or any of the acts mentioned in the questions above? \_\_\_\_\_ If yes, please elaborate \_\_\_\_\_

\_\_\_\_\_

Have you ever been treated for any form of conduct, thought, personality, or mood disorder? \_\_\_\_\_ If yes, please specify diagnosis / diagnoses \_\_\_\_\_

\_\_\_\_\_

Facility \_\_\_\_\_ City/State \_\_\_\_\_ In/Outpatient \_\_\_\_\_ From \_\_\_\_ to \_\_\_\_  
Facility \_\_\_\_\_ City/State \_\_\_\_\_ In/Outpatient \_\_\_\_\_ From \_\_\_\_ to \_\_\_\_  
Facility \_\_\_\_\_ City/State \_\_\_\_\_ In/Outpatient \_\_\_\_\_ From \_\_\_\_ to \_\_\_\_  
Facility \_\_\_\_\_ City/State \_\_\_\_\_ In/Outpatient \_\_\_\_\_ From \_\_\_\_ to \_\_\_\_

Have you ever been court-ordered to attend any mutual aid support group such as Alcoholics Anonymous, Narcotics Anonymous, Gamblers Anonymous, Sex Addicts Anonymous, etc? \_\_\_\_\_ If yes, please elaborate \_\_\_\_\_

\_\_\_\_\_

Do you consume alcoholic beverages, or use any prescription or non-prescription medications or other drugs recreationally? \_\_\_\_\_ If yes, please elaborate \_\_\_\_\_

\_\_\_\_\_

Have you ever suffered consequences as a result of using, misusing, or abusing alcohol or other medications/drugs? \_\_\_\_\_ If yes, please elaborate \_\_\_\_\_

If yes, after suffering those consequences, have you continued to use, misuse, or abuse alcohol or other drugs? \_\_\_\_\_ Why? Why not? \_\_\_\_\_

Has a family member, friend, or significant other ever bothered, nagged, or pressured you about your use, misuse, or abuse of alcohol or other drugs? \_\_\_\_\_ If yes, please elaborate \_\_\_\_\_

Has a family member, friend, or significant other ever asked or encouraged you to attend Alcoholics Anonymous, Narcotics Anonymous, Gamblers Anonymous, Sex Addicts Anonymous, or any other similar mutual aid support group? \_\_\_\_\_ If yes, please elaborate \_\_\_\_\_

Are you now, or have you ever been, a member of NAMBLA, Rene Guyon Society, Lewis Carroll Collectors Guild, or any her similar organization? \_\_\_\_\_ If yes, please specify \_\_\_\_\_

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I, \_\_\_\_\_, certify that all of the information in this written volunteer application is true, accurate, and complete to the best of my knowledge and recollection. I acknowledge and agree to allow agents of the National Crisis Intervention Training Institute to inquire into the veracity of this information, and give my written permission for former and current employers, supervisors, co-workers, and volunteer coordinators to provide National Crisis Intervention Training Institute any necessary written or verbal confirmation of the information. I hold the National Crisis Intervention Training Institute and its agents harmless, and release those agents from any possible negative repercussions which may arise from their inquiry into my background. I further acknowledge and agree that any false, misleading, or incomplete information may eliminate me as a successful volunteer applicant, or result in my later termination as a volunteer. I also acknowledge that I hold no fiduciary interest in my tentative position as a volunteer within the National Crisis Intervention Training Institute, and due to that lack of fiduciary interest, am required to answer completely and truthfully any and all questions included in this application. \_\_\_\_\_ Initials of Applicant \_\_\_\_\_ Initials of Witness

Signed \_\_\_\_\_ Print Name \_\_\_\_\_ Witnessed by \_\_\_\_\_

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### FOR NCITI USE ONLY

Initial Application Review Date \_\_\_\_\_

By \_\_\_\_\_ (Initials)

Recommend Completion of Background Investigation ? Yes \_\_\_ No \_\_\_

Reviewer's Explanation \_\_\_\_\_

Assigned NCITI Interviewer \_\_\_\_\_

Date of Volunteer Applicant Screening Interview \_\_\_\_\_

Location of Volunteer Applicant Screening Interview \_\_\_\_\_





**Supportive Documentation (Attach to Application)**

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Interviewer's Recommendation for Volunteer Placement \_\_\_\_\_

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Basis for Recommendation \_\_\_\_\_

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Eligible for review or reconsideration in 6 months? \_\_\_\_\_ If "No," why? \_\_\_\_\_

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Volunteer Applicant Notified by \_\_\_\_\_ Date \_\_\_\_\_ Via \_\_\_\_\_

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