



CRISIS RESPONSE VOLUNTEER APPLICATION

Date of Application: _____

Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number(s): (w) _____ (h) _____ (c) _____

E-Mail: _____

Marital Status: Married Single Divorced Separated Widow/Widower

Age: 18-25 26-35 36-45 46-55 56-65 Over 65

Emergency Contact: Name: _____ Phone: _____

Church Affiliation: _____

Pastor's Name: _____

May we contact your Pastor as a reference? Yes No

If yes, Pastor's name and contact information:

Name: _____ Telephone: _____

Church Name: _____ E-Mail: _____

City: _____ State: _____

1. How did you hear about the *Canines for Christ* Crisis Response Team? _____

2. Why do you desire to be part of our Rapid Response Team? _____

3. Please circle (letter) the ministry role(s) you have served in the past.
- a. Pastoral – a ministry to pastors
 - b. Chaplain – FBI, Police, Fire, or Military
 - c. Christian Counseling (Licensed/Certified) – adult, youth, children
 - d. Trainer – Crisis Intervention, Clinical Trauma, or Disaster Response
 - e. Children’s Ministry – working with children
 - f. Youth Ministry – working with youth
 - g. Hospice Worker
 - h. Evangelism Training – been trained – Course: _____
 - i. Street Ministry and other general assignments
 - j. Administrative Support
 - k. Prayer Intercessor
 - l. Marriage Ministry
 - m. Other (please describe) _____

4. Please describe past training and experience in disaster response, grief, trauma, or Crisis Intervention. _____

5. Do you have any physical, emotional, or medical limitations that would hinder your involvement in a disaster or ministry site? If so, please explain. _____

