

**COMMUNITY HELPLINE
CRISIS LISTENER VOLUNTEER OR INTERN APPLICATION**

Blank applications or applications missing parts will not be considered.

*Please send a **resume or CV** along with this application.*

Please Read Carefully:

Complete the information below and enclose all necessary documents (resume/ CV, etc.) and e-mail your application to chl@chelpine.org

- A confirmation e-mail of the receipt of the application will be sent to you, the applicant. A phone interview will be arranged. You will be notified via e-mail if you are accepted for the position.
- If you do not hear from Community Helpline, it is the applicant's responsibility to contact Community Helpline.
- A non-refundable **\$50 for training materials** (Financial Assistance available, contact CHL)
- **Attendance on all days of training is required. No Exceptions**
- **Acceptance into training does not guarantee acceptance as a volunteer/intern.** Updated: 08/2022

APPLICATION TYPE:	POSITION (Check one):	NOTE: one shift is 3 hours
Adult (18 and older): <input type="checkbox"/>	Volunteer : (A) <input type="checkbox"/> (one shift a week for 1 year) (B) <input type="checkbox"/> (two shifts a week for 6 months)	Internship: (A) <input type="checkbox"/> (three shifts a week for 9 months) (B) <input type="checkbox"/> (four shifts a week for 5 months)
Minor (under 18 yrs. old): <input type="checkbox"/>		

PERSONAL INFORMATION		
Last Name	First Name	Date of Birth
Address (No. Street, City, State, Zip Code)		
Gender:	Phone: Cell <input type="checkbox"/> Home <input type="checkbox"/>	Can we text this number? YES <input type="checkbox"/> NO <input type="checkbox"/>
Alternative Phone Number (If Applicable)		Email (Please Write Clearly)

PARENTAL/ GUARDIAN INFORMATION (only required for those under the age of 18)		
Parent # 1 Information	Relationship to Individual	
Last Name	First Name	Date Of Birth
Contact Phone Number: Cell <input type="checkbox"/> Home <input type="checkbox"/>		Email (Please Write Clearly)
Employer		Position
Address		

Parent # 2 Information		Relationship to Individual	
Last Name		First Name	Date Of Birth
Contact Phone Number: Cell <input type="checkbox"/> Home <input type="checkbox"/>		Email (Please Write Clearly)	
Employer		Position	
Address			
EDUCATION HISTORY:			
Previous College/ University/ High School			
Degree and Major (If Applicable)			Year of Graduation
CURRENT EDUCATION: Are You Currently a Student? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Current College/ University/ High School			Current Year or Grade Level
Degree and Major (If Applicable)			Expected Year or Graduation
CURRENT EMPLOYMENT: Leave blank if not applicable			
Employer Name		Position	
Address (No. Street, City, State, Zip Code)			
EMERGENCY CONTACT			
Name (Last, First)		Emergency Contact Phone number	
Relationship to individual		Alternative Contact Phone number	
ADDITIONAL INFORMATION			
Organization/ Club Membership(s):			
Foreign Languages: Please specify how proficient you are in the language.			

Please Read the Following Information Carefully

Community Helpline, Inc. (hereon referred to as Community Helpline) is an Equal Opportunity Employer and does not discriminate in according to race, religion, physical handicap, sexual preference or economic status for employment, volunteer, or internship positions.

By signing this application below, you, the applicant, understand and agree that any misrepresentation or intentional misinformation enclosed or provided with this application will be enough cause for disqualification of the position or termination of your possible future position with Community Helpline. Furthermore, it is understood that you, the applicant, can freely resign from your position at any time and that Community Helpline administration reserves the right to terminate your position at any time with or without cause and prior notice. In addition, you agree to allow Community Helpline to investigate all references enclosed in this application and to obtain additional information.

You, the applicant, hereby apply to be a Volunteer/ Intern Crisis Listener with Community Helpline and understand that Community Helpline will interview me about my background, motivation, expectations and other personal qualities, which might have a bearing on my acceptance into this program. You agree to **provide fingerprints through the Live Scan system to be conducted by a certified agent** for Community Helpline to complete a criminal background check. You understand that Community Helpline has the option to review references and will investigate any and all facts concerning my qualifications for becoming a volunteer or intern, including, but not limited to, a review of social media. You certify that all the information provided by me in this application is complete, true and accurate. You acknowledge that intentional falsification of information will be cause for refusal of placement or immediate dismissal at any time during the period of my placement.

You understand that the statements you make to the staff of the agency may or may not be held confidential within the agency, and disclosure will be made when it is required by law. Specifically, you understand that child, elder, or dependent adult abuse or molestation, past or present, or threat of harm to oneself or others must be reported to the proper authorities. You understand that your application will not be considered unless it is complete and signed, and until the required supplemental information is submitted and completed.

In connection with my voluntary or internship involvement in activities undertaken for Community Helpline, I hereby agree, for myself, my relatives, my heirs, executors, and administrators to release and discharge Community Helpline, its officers and directors, employees, agents, interns, and volunteers from all claims, demands and actions for damages or injuries sustained to my person and/or property, as a result of my involvement in activities with Community Helpline, whether or not resulting from negligence, and I agree to release and hold Community Helpline, its officers and directors, employees, agents, interns, and volunteers harmless of any cause of action, claim, or suit arising therefrom. I hereby attest that my involvement in such activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this release.

You, the applicant, hereby releases Community Helpline and any representative of Community Helpline from liability as well as any other individual, corporation, agency, or organization with providing any information. This application and any additional information gathered will remain the property of Community Helpline, Inc. and a copy of this application maybe retained for future reference.

Applicant's Signature:

Date:

☐ By checking this box, I hereby am agreeing to the terms and conditions as stated above and I am authorizing the use of an electronic signature.

If the applicant is under the age of 18, a parent or guardian signature is required below

Parental or Guardian Signature:

Date:

☐ By checking this box, I hereby am agreeing to the terms and conditions as stated above and I am authorizing the use of an electronic signature.

Please fill out the Questionnaire attached to this application.

COMMUNITY HELPLINE QUESTIONNAIRE

Please fill out:

1. Do you feel that you will be able to put aside your own values and be an objective listener dealing with calls such as drug abuse, sexual orientation struggles, domestic /teen dating violence or suicide?

2. Are you aware of any of your own limitations and/or hang-ups or personal feelings that might influence you as a listener? (Please answer honestly and explain your answer)

3. What is your idea of what we do here at Community Helpline?

4. Community Helpline requires a time commitment beyond the training period. How long do you anticipate working on the Helpline? _____

5. Have you ever called a "Helpline" for help? _____

6. How did you hear of Community Helpline? _____

Please write a short essay answering the following questions and attach it to your application:

- Tell us about yourself and why you are interested in volunteering at Community Helpline.
- Tell us about who you are and how your experiences will impact your work with Community Helpline.
- Tell us about a challenge that has occurred in your life, how you approached it, and its outcome.
- Give us any information, which would help us to get to know you better (likes, dislikes, values, extracurricular activities, goals, etc.)

Please send a resume or CV along with your application.

REFERENCES

Please provide of three (3) individuals as references, such as a teacher or professor, clergy, employer (former or current), that Community Helpline can contact for a professional reference. (Friends, significant others, and family members are not acceptable). **Ensure that your references know that they may be contacted.**

Reference 1

Name	Occupation
Address	
E-mail (Required)	Phone number
What is your relationship with this individual?	

Reference 2

Name	Occupation
Address	
E-mail (Required)	Phone number
What is your relationship with this individual?	

Reference 3

Name	Occupation
Address	
E-mail (Required)	Phone number
What is your relationship with this individual?	

I hereby authorize Community Helpline to contact these individuals above as references and to verify any information for any individual, agency and organization noted in my application/ I hereby authorize these individuals, agencies, or organizations to verify my employment/ volunteer information for verification purpose and/ or to provide a letter of reference and/ or recommendation to Community Helpline.

Date

Signature Applicant

Print Name

☐ By checking this box, I hereby am agreeing to the terms and conditions as stated above and I am authorizing the use of an electronic signature.

Community Helpline STATEMENT OF AGREEMENT

1. ____ I have read all files including the program information sheet for the program I am applying for.
2. ____ I understand that acceptance as a volunteer is contingent upon successful completion of the training program.
3. ____ I agree to attend the all training sessions. I understand that failure to do so will be grounds for my dismissal from the class and that I will have to take the class over from the beginning if I still wish to become a volunteer or intern.
4. ____ I agree to complete my at least three mandatory listening sessions on the hotline with an Experienced Listener in the training period given to me and understand that I may need more supervised sessions (amount to be determined by Community Helpline Administration). Furthermore, I understand that I will not officially graduate from the training program until I have done so.
5. ____ I understand that Community Helpline reserves the right to decide who is qualified to become a trainee in the Crisis Listener training program and when and if a trainee is ready to become a listener on the helpline. I agree to comply with additional sessions with an Experienced Listener if it is deemed necessary for my long-term success as a Listener.
6. ____ I agree to maintain the confidentiality of the anything spoken of on or at the helpline, including during training, by not discussing any person who has sought help from Community Helpline with anyone not directly connected with the Helpline, including the Helpline's location.
7. ____ I understand that there are minimum shifts requirements per week for the position I am applying to and I will be expected to and committed to fulfilling my shift requirements at Community Helpline.
8. ____ I understand that Community Helpline has a "zero tolerance" policy on drugs and alcohol and that smoking is prohibited on premises. Likewise, Community Helpline has a zero-tolerance policy for inappropriate behaviors and conduct.
9. ____ I agree to notify Community Helpline when I decided to discontinue service as a volunteer or intern at Community Helpline.

Date

Signature of Applicant

☐ By checking this box, I hereby am agreeing to the terms and conditions as stated above and I am authorizing the use of an electronic signature.

Those under the age of 18, have parent or guardian sign below.

Date

Signature of Parent or Guardian

☐ By checking this box, I hereby am agreeing to the terms and conditions as stated above and I am authorizing the use of an electronic signature.