



LINES FOR LIFE CRISIS WORKER APPLICATION

Date: _____

Name: _____ E-mail: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Good time to reach you: _____ # _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact: _____ Phone: _____

Employer: _____ Occupation: _____

Supervisor: _____ May we contact? _____ Phone: _____

Are you currently a student? _____ Practicum / Intern Student: _____

Major: _____ School and Campus: _____

Advisor: _____ Phone: _____

Personal Reference: _____ Phone: _____

Professional Reference: _____ Phone: _____

Are you in recovery: _____ Sobriety date: _____

Hobbies and Interests: _____

Are you bi-lingual? yes ___ no ___ What Language? _____

Motivation for volunteering? _____

How did you learn of volunteer opportunities at Lines for Life? _____

Will you need special accommodations? _____ Are you 21 or older? yes ___ no ___

Have you lived out of the state of Oregon within the past 5 years? _____

Have you been out of Oregon for 60 consecutive days or more within the past 5 years? _____

LINES FOR LIFE IS AN EQUAL OPPORTUNITY AGENCY.

VOLUNTEER CRISIS WORKER APPLICANT PROFILE

Name: _____ Application Date: _____

1. Describe what your hopes are for others and yourself when engaging in this work.

2. Describe your experience working with individuals in crises by phone or in person.

3. What are your fears and anxieties about working on a crisis line?

4. Describe what you have done in the past to relieve stress or get through difficult times?

5. Please describe yourself; specific skills, strengths, special qualities & strong beliefs:

6. Please tell us about your belief about suicide and the process of suicide.

7. Do you foresee any changes that would prohibit you from being able to complete the one year (or 200 hour) commitment?

Please note that Lines for Life requires that all volunteers complete a two day, Applied Suicide Intervention Skills Training (ASIST). The ASIST training and our crisis lines training costs \$400. The fee is waived once you complete the 200-hour volunteer commitment. If you're unable to complete the 200 hours, you will be charged the prorated amount. For example, if you complete 100 hours, then you will be charged \$200. If you have any concerns about this policy, please feel free to discuss with Lines for Life staff.

Background Check Request Form

Background Check Process Information

Lines for Life runs a criminal background check on all of its potential Crisis Lines volunteers through the Oregon State Police. Once this form is submitted, Lines for Life will submit this information to the Oregon State Police's Open Records Unit. The Open Records Unit will search records resulting from an arrest which occurred in the state of Oregon and will report any record of a conviction and any record of an arrest less than one year old in which there has been no acquittal or dismissal. Lines for Life will notify the potential volunteer once the background check has been completed.

For questions regarding the background check, please contact Debbie Zwetchkenbaum at:
DebbieZ@linesforlife.org.

Subject Information

Name: _____
Last First Middle

Alias/Maiden: _____

Date of Birth (mm/dd/yyyy): _____ Social Security #: _____

Current Address: _____
Street or PO Box

_____ *City State Zip*

Background Check Notification Acknowledgement

I acknowledge that I have been notified about this criminal background check process and give Lines for Life permission to submit the request to the Oregon State Police.

_____ *Signature*

_____ *Date*