

## Volunteer Application Form

Thank you very much for your interest!  
Please complete and submit this form.

CONFIDENTIAL

**Please put your needs first. If you are currently experiencing, or have recently experienced a stressful life event please place your need for support above the desire to give your support at this time.**

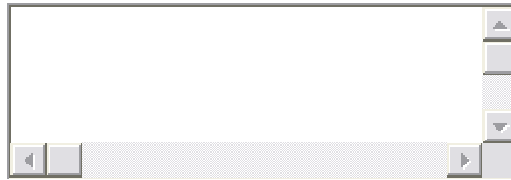
First Name	<input type="text"/>
Last Name	<input type="text"/>
Street Address	<input type="text"/>
City	<input type="text"/>
Postal Code	<input type="text"/>
Home Telephone No.	<input type="text"/>
Home Fax No.	<input type="text"/>
Bus. Telephone No.	<input type="text"/>
Bus. Fax No.	<input type="text"/>
Email Address	<input type="text"/>
Present Occupation	<input type="text"/>
Languages Spoken other than English (not a requirement to volunteer on the crisis lines)	<input type="text"/>

What experience have you had as a volunteer?

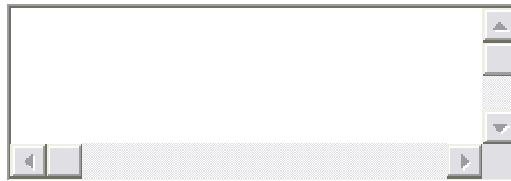
Do you possess any special skills or abilities that will be helpful to you as a volunteer? If so, what are they?



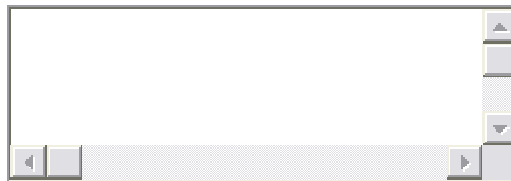
Why do you wish to volunteer at the Distress Centre?



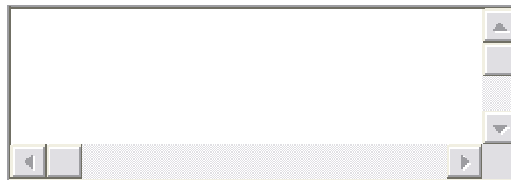
What type of qualities do you think a person would need to work at a Distress Centre?



Briefly describe your work experience(s):



How did you find out about the Distress Centre Niagara?



Will you require a letter acknowledging your work at the Distress Centre?

Yes  No

Please provide 3 references

Examples of appropriate references are employers (past & present), co-workers, teachers, supervisors from other volunteer work etc. (no family references please).

\*\*\*\* Please ensure references you provide are aware we will be contacting them\*\*\*\*

**To allow references the opportunity to reflect on responses to our questions about perspective volunteers we have developed a standard request form. This form will be mailed or sent via email to each of your references. Therefore, please ensure that you have provided either a mailing address or email for each of your references. Should your submission not include one or both of these items it will be returned to you for completion.**

1. Name:

Mailing Address:

Telephone:

Email:

Relationship:

2. Name:

Mailing Address:

Telephone:

Email:

Relationship:

3. Name:

Mailing Address:

Telephone:

Email:

Relationship:

When would be a convenient time to contact you to further discuss your interest in volunteering with Distress Centre Niagara?

Daytime  Evening

Where can we reach you?

Home Tel:

Bus. Tel:

The following questions would be helpful for you to consider before choosing to begin the process of volunteering with Distress Centre Niagara:

- Are you aware that volunteers are not to put forth any personal, political or religious points of view to callers?
- Are you willing to accept that callers will often have very different values and moral beliefs than your own?
- To what extent will your commitment to meet our shift requirements interfere with your personal schedule?