

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 _____

Last Name _____

Street Address _____

City _____

Postal Code _____

Home Telephone No. _____

Home Fax No. _____

Cell Telephone No. _____

Work Telephone No (optional) _____

Email Address _____

Current Occupation _____

Languages Spoken other than English (not a requirement to
volunteer on the crisis lines) _____

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 with our agency?

What type of qualities do you think a person would need to answer calls on our lines?

Briefly describe your work experience(s):

How did you find out about the Distress Centre Niagara and / or Mental Health and Addictions Access Line?

Which program do you have an interest in volunteering with?

- Distress Centre Crisis Line
- Mental Health and Addictions Access Line
- Both

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). Also we ask that all references have known you for at least a year.

**** 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 Number _____
Email address _____
Relationship _____

2) Name _____
Mailing address _____
Telephone Number _____
Email address _____
Relationship _____

3) Name _____
Mailing address _____
Telephone Number _____
Email address _____
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?