



**VOLUNTEER APPLICATION**  
**Please Print All Information**

NAME: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

PREFERRED NAME: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ GENDER: \_\_\_\_\_ MARITALSTATUS: \_\_\_\_\_

Phone volunteer minimum age requirement is 21

STREET: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ COUNTY \_\_\_\_\_ ZIP: \_\_\_\_\_ HOME Ph. # \_\_\_\_\_

FAX #: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_ BUS. Ph. #: \_\_\_\_\_

BIRTHPLACE: City \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

EDUCATION: HIGH SCHOOL TRADE SCHOOL COLLEGE GRADUATE OTHER

SCHOOL: \_\_\_\_\_ DEGREE/FIELD OF STUDY \_\_\_\_\_

LIST ANY ORGANIZATIONS (CHURCHES, CLUBS, ETC.) OF WHICH YOU ARE OR HAVE BEEN A MEMBER:

\_\_\_\_\_  
\_\_\_\_\_

WHAT LANGUAGES DO YOU SPEAK OTHER THAN ENGLISH? \_\_\_\_\_

HOW DID YOU LEARN OF CONTACT? \_\_\_\_\_

PREVIOUS EXPERIENCE AS A COUNSELOR/SUPPORT PERSON OR VOLUNTEER ON ANOTHER HELPLINE:

\_\_\_\_\_

DATE: \_\_\_\_\_ WHERE: \_\_\_\_\_

WHY DO YOU WANT TO BE A TELEPHONE VOLUNTEER? \_\_\_\_\_

\_\_\_\_\_

REFERENCES (Please list 3 professional references)

1. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

3. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

In case of an emergency, please contact:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

DAY #: \_\_\_\_\_ EVENING #: \_\_\_\_\_

HAVE YOU HAD ANY MAJOR LIFE CHANGES WITHIN THE PAST 12 MONTHS (i.e. divorce, loss of a loved one, major illness, etc.)? \_\_\_\_\_

IF SO, WHAT HAVE YOU DONE TO WORK THROUGH YOUR FEELINGS? \_\_\_\_\_

PLEASE INCLUDE THE FOLLOWING IF YOU ARE IN COUNSELING OR HAVE BEEN WITHIN THE LAST YEAR:

THERAPIST'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

SIGN HERE FOR PERMISSION FOR DIRECTOR OF PROGRAMS TO CALL YOUR THERAPIST FOR REFERENCE: \_\_\_\_\_

ARE THERE ANY PERSONAL PROBLEMS, FAMILY OR BUSINESS OBLIGATIONS AND/OR ACTIVITIES, (I. E. TRAVEL), THAT MIGHT MAKE IT DIFFICULT FOR YOU TO FULFILL YOUR COMMITMENT AS A VOLUNTEER? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES \_\_\_\_\_ NO \_\_\_\_\_

I AM INTERESTED IN VOLUNTEERING IN THE FOLLOWING AREAS:

- |                               |                  |                    |
|-------------------------------|------------------|--------------------|
| ▲ Telephone Volunteer         | ▲ Administrative | ▲ Speakers' Bureau |
| ▲ Fund Raising/Special Events | ▲ TEEN Program   | ▲ Marketing / PR   |

**In order to assist in the costs of training, all volunteers are charged a small fee of \$45 for Senior Citizens (60 yrs and older) and \$60 (standard fee), payable at the beginning of the first class.**

**\*Checks, Cash, VISA and MASTERCARD accepted.**

You may mail application and payment to: CONTACT, P. O. BOX 800742, Dallas, Texas 75380-0742.

If you have any questions or would like more information, call the business office at 972-233-0866 (Fax 972-233-2427).

**DUE TO THE NATURE OF OUR SERVICES, CONTACT RESERVES THE RIGHT TO CONDUCT A CRIMINAL BACKGROUND CHECK ON ALL WHO ATTEND OUR TRAINING COURSE AND/OR VOLUNTEER AT OUR AGENCY.**

The information given on this application is true and approval is given for reference and criminal background checks.

X \_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE