

Mission:

Every day we serve people, from teens to seniors, facing daily life challenges. Through 24-hour free confidential listening, comfort, and a connection to resources, education, and emergency assistance, we give people the ability to take back control of their lives.

Crisis Line Specialist Volunteer Application Package

Thank you for your interest in CONTACT! Individuals applying to be a crisis line specialist can expect the following application and screening process to ensure that you are well-informed of the volunteer role and that it will be a successful match for you.

1. Please carefully review the Crisis Line Specialist Position Description (on the following page), which highlights the impact and requirements of the position. This will be signed as part of the entire application package, which includes the two criminal background check forms. Please return these completed documents via e-mail, fax or mail to the attention of Director of Volunteer Services (return information is noted below).
2. Upon receipt of your application package, you will be contacted to set up a telephone interview. This will be with the Director of Volunteer Services or their designate, and will last approximately 30 minutes. The interview will include an overview of the volunteer commitment, review of your application, and discussion about your interests and motivations for seeking to offer your valuable time to the community through CONTACT. Applicants are encouraged to ask questions and express any concerns during this time.
3. Following the interview, reference and pertinent application information is verified along with the criminal background check. Please note that not all criminal backgrounds excludes you from serving; we are only seeking to identify any backgrounds that would indicate a risk to our callers or other volunteers.
4. You will be contacted with a confirmation of the training course you have selected and provided with directions to and details about the training program. The training tuition donation (\$35; \$25 for students and seniors 55+) will be accepted at this time.

Thank you for your desire to improve our community with your offering of time!

Thomas Hutter

Director of Volunteer Services
CONTACT Crisis Line
972-233-0866 PH
972-233-2427 FAX
thutter@contactcrisisline.org

Crisis Line Specialist Position Description

CONTACT provides an opportunity to truly make a difference; teaches comprehensive, certified training that qualifies you to help others; personal development and knowledge to assist you personally, at home, and at work; and satisfaction your time is being well spent. This is an unpaid position for volunteers or interns.

Initial Impact: We are the empowering link from breaking point to turning point.

Sustained Outcome: Join an elite group of more than 100 dedicated individuals who respond to over 40,000 calls each year. The long-term impact of this work to the community is enormous, and includes lives improved and saved, domestic violence victims transported to safety, a lonely person's voice heard. Without CONTACT, these calls would all go unanswered. CONTACT volunteers vastly improve the overall health of the greater Dallas community.

Responsibilities/Requirements include:

- Must be at least 18 years of age
- Some computer skills are helpful as all calls are tracked via the computer, and some internet search inquiries may be run to identify referrals
- Satisfactory completion of training course work, including reading of all textbook material, attendance at all classes, observation, and internship period (\$35 tuition donation for training class; \$25 for students and senior citizens 55+); total training is approximately 40 hours
- Learn the CONTACT model of crisis intervention and prevention and follow guidelines for facilitating all calls based on that model
- Understand that CONTACT crisis line specialists do not give advice or opinion
- Commit to serve for at least one year
- Participate in four (4) continuing education activities annually (relevant formats can include meetings, presentations, readings or classes)
- Comply with annual recertification requirements
- Agree to either a weekly four-hour shift OR at a minimum a four-hour shift every other week
- Find a substitute when you are unable to serve your shift, ensuring the Call Center Manager is informed of the schedule change
- Discuss any concerns about a particular phone call, shift frustrations, or need for additional support or training with the Peer Support Group, Call Center Manager or Director of Volunteer Services.

CONTACT staff is dedicated to making your service of time as valuable as possible by creating a fulfilling and effective volunteer opportunity for you. Thank you for your commitment to our community!

I acknowledge and understand the above position charter.

Signature

Date

Printed Name

VOLUNTEER APPLICATION**Please Print All Information**

LAST NAME: _____ FIRST: _____ MIDDLE: _____

PREFERRED NAME: _____ MAIDEN NAME: _____ MARITAL STATUS: _____

STREET: _____ CITY _____ STATE _____ ZIP: _____

Contact Information:

E-MAIL: _____

HM PHONE: _____ WK PHONE _____ CELL PHONE _____

PREFERRED PHONE: ___ HM ___WK ___CELL

EMPLOYER: _____ POSITION: _____

OCCUPATION _____

EDUCATION COMPLETED: HIGH SCHOOL COLLEGE GRADUATE OTHER

SCHOOL: _____ DEGREE/FIELD OF STUDY: _____

CIVIC ORGANIZATIONS:

LIST ANY ORGANIZATIONS (CHURCHES, CLUBS, ETC.) YOU ARE A MEMBER OF AND/OR PRIOR VOLUNTEER EXPERIENCE: _____

WHAT LANGUAGES DO YOU SPEAK OTHER THAN ENGLISH? _____

HOW DID YOU LEARN OF CONTACT? _____

WHY DO YOU WANT TO VOLUNTEER AT CONTACT? _____

WHAT CHARACTERISTICS DO YOU FEEL YOU POSSESS THAT SUIT YOU FOR VOLUNTEER SERVICE? _____

REFERENCES (Please list 2 personal or professional references)

1. NAME: _____
RELATIONSHIP: _____ PHONE: _____

2. NAME: _____
RELATIONSHIP: _____ PHONE: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES _____ NO _____

IN CASE OF AN EMERGENCY, PLEASE CONTACT:

NAME: _____
RELATIONSHIP: _____ PHONE #: _____

NAME: _____
RELATIONSHIP: _____ PHONE #: _____

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 DIR. OF VOLUNTEER SERVICES 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? _____

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 checks.

X _____
Signature

Date

Criminal Background History

1. I am ___ am not ___ currently under indictment or charged in an official criminal complaint accepted by a district or county attorney with a felony or misdemeanor within the prohibited classes. If your answer is affirmative, please give details; include the type of charges.

2. I have ___ have not ___ ever been prohibited from serving in any capacity (as an employee or volunteer), or asked to leave any position involving contact with children. If your answer is affirmative, please give details; include the type of charges and/or reasons.

3. Have you ever entered a plea of guilty, no contest, nolo contendere or plea other than not guilty to a crime? If yes, please describe.

4. Are you on probation? If yes, please describe.

I have read this form in its entirety and understand that the information may be verified by CONTACT, and that falsification of any information is cause for my immediate dismissal from volunteer placement at CONTACT. I agree to inform CONTACT if this information changes at any time during my participation at CONTACT. This document will be destroyed after the check has been completed and reviewed.

Signature of Volunteer

Date

Print Name

**Background Verification Release Form
AGENCY INFORMATION****VERIFYI**

Date:	Agency Name: CONTACT
Contact Name: Thomas Hutter, Director of Volunteer Services	
Agency's Main Phone Number: 972-233-0866 ext. 311	Agency's FAX Number: 972-233-2427

APPLICANT INFORMATION:

Applicant Full Name (Last, First, MI)			
Current Address			
City	State	ZIP	Country
SSN#	Date of Birth	DL License #	
Gender	Race		

I hereby authorize VERIFYI and or its Service Provider to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Credit History including a consumer report under the Fair Credit Reporting Act, 15 U.S.C 1681, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers.

The criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge VERIFYI and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to VeriFYI for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

Applicant's Signature: _____

Date: _____

Applicant's Printed Name: _____

Parent/Guardian's Signature: _____

(if under 18 years of age)