

Volunteer Helpline Worker Application

This is an interactive PDF application form. You can click on each of the highlighted boxes below and type your information in. After you've completed the form, hit the "Save" button and email it directly to Susan Ward at susan@distresscentredurham.com

If you require information in an accessible format please email susan@distresscentredurham.com

Personal Information

Full Name: _____

Address: _____

City/Town: _____

Province: _____ Postal Code: _____

Email Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

What aspects of volunteer work do you wish to contribute?

- Helpline Worker
- Call Out Worker
- Online Text and Chat (ONTX) Worker
- Placement Student

How did you hear about our organization?

- | | |
|--|--|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> School |
| <input type="checkbox"/> Volunteer Website | <input type="checkbox"/> Presentation/Display |
| <input type="checkbox"/> DCD Website | <input type="checkbox"/> Family Friend |
| <input type="checkbox"/> Brochure | <input type="checkbox"/> Current/Former Volunteer: |

If you've checked "Current/Former Volunteer", please tell us who they are:

Employment Information:

Currently Employed By: _____

Occupation: _____

Qualifications, skills or experience relevant to Helpline work: _____

Please indicate the skills and abilities you would bring to our organization:

- Administrative Experience
- Advertising/Marketing Experience
- Board of Directors Experience
- Community Outreach Experience
- Finance or Accounting Experience
- Fundraising Ideas or Experience
- Human Resource or Executive Experience
- IT Training
- Peer Support Work
- Public Speaking
- Special Events Planning
- Website/Graphics Development
- Other (please specify):

What is your educational background?

- Secondary
- Post-Secondary
- Returning to School

Self Awareness:

Why do you believe that Distress Centre Durham would be the right volunteer experience for you?

What concerns do you have about this volunteer position?

What organizations have you joined in the past? What was your role?

What special projects with any of these organizations (or your job) have you been responsible for organizing in addition to your normal role?

Qualifications

By checking this box, I verify that I am 18 years of age or older and thereby I am eligible to apply for volunteer work with Distress Centre Durham

Have you ever used the Distress Centre Durham Helpline

Yes No

Are you willing to get a Police Records Check?

Yes No

Are you currently involved with Counselling/Therapy?

Yes No

Are there any situation that could trigger a negative reaction from you?

- | | |
|--|--|
| <input type="checkbox"/> Abortion | <input type="checkbox"/> Abuse |
| <input type="checkbox"/> Homosexuality | <input type="checkbox"/> Incest |
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Sexual Fantasizer |
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Other (please specify): | |

When are you available to volunteer your time?

- | | |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Supper | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Overnight | <input type="checkbox"/> Weekdays |
| <input type="checkbox"/> Weekends | |

Are you prepared to attend a 17 hour training workshop (Two 8.5 hour sessions) before you begin volunteering?

Yes No

Which training dates are preferable for you?

January

April

August - Weekdays

November

Are you willing to participate in sessions (over and above the basic training workshops) to develop your active listening and crisis / suicide intervention skills?

Yes No

For Placement Students Only

(Only Complete this section if you are applying for a Student Placement Position)

College/University: _____

Program: _____

Hours of volunteering necessary for completion: _____

Full Time / Part Time: _____

Days Allocated for Completion: _____

Goals / Expecations for Completion:

References (1 Personal and 1 Professional)

You are required to have known these references for longer than 6 months. Please note that family members will not be accepted as a references. We will be contacting references by telephone or mail. Please ensure addresses are complete (i.e. with apartment numbers and postal codes). Thank you.

Professional Reference

Full Name: _____

Address: _____

City/Town: _____

Province: _____ Postal Code: _____

Email Address: _____

Phone Number: _____

Personal Reference

Full Name: _____

Address: _____

City/Town: _____

Province: _____ Postal Code: _____

Email Address: _____

Phone Number: _____

Privacy Policy

By checking this box I understand Distress Centre Durham will keep my information confidential and will never sell or trade it to third parties. I consent to the collection, use and disclosure of the information I provide, in order that Distress Centre Durham may provide me with benefits related to membership, volunteering or rewards/recognition associated with Distress Centre Durham's Donor recognition policies. I acknowledge that Distress Centre Durham may, from time to time, forward information on programs or fundraising of Distress Centre Durham.

If you have you an electronic signature, attach the image here:

At this point you may print the application form, sign in and fax it to 905-430-1381 Attention: Susan Ward or you may attach it to an email and send it to Susan electronically. Upon receipt of the application you will be contacted to schedule a telephone interview and an in person registration meeting at which time you will be asked to formally sign your application form.

Thank you for your interest in Distress Centre Durham!