| C:\Documents and Settings\Office\My Documents\Dropbox\Office Files\SPYC Logo\Large SPYC Logo-Higher Quality.jpgVOLUNTEER Application |
| --- |
| **Applicant Information** |
| Date: |
| Name: (Mr./Mrs./Ms./Miss, please circle)  |
| Date of Birth: | Driver’s License #: | Phone: |
| Current Address: |
| City: | State: | ZIP Code: |
| E-Mail: | Emergency Contact: |
| **Employment & academic Information** |
| Current Employer:  |
| Full-time |  | Part-Time |  | Not Employed |  | Position: | How Long Employed? |
| School: |
| Full-time |  | Part-Time |  | Not in School |  | Year in School: | Major: |
| Expected Graduation Date: |
| **EMERGENCY CONTACT INFORMATION** |
| Emergency Contact: | Phone: | E-Mail: |
| Address: | City: | State: | Zip Code: |
| **Personal Profile** (CONFIDENTIAL & OPTIONAL) |
| *All volunteers at Suicide Prevention of Yolo County must be at least 20 years of age.*  |
| I am at least 20 years old | Yes | No |  |  |
| Gender: | Ethnicity: | Language(s) Spoken: |
| **PLEASE LIST ANY EDUCATIONAL INSTITUTIONS YOU HAVE ATTENDED, STARTING WITH THE MOST RECENT** |
| School Name | Major/Specialization | Degree Level | Did You Graduate? | Dates Attended |
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|  |  |  |  |
| **please list your past volunteer experience** |
| Organization | Dates | Position | Responsibilities |
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| **RELEVANT SKILLS**: Please list any special skills that you have learned in previous work or volunteering that you think would be relevant to volunteering at SPYC |
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|  |
| **Personal References**: Please provide 2 work references and 1 personal reference  |
| Name: | Email: | Relationship: |
| Name: | Email: | Relationship: |
| Name:  | Email:  | Relationship: |
| **Shift availability** |
| \**WHEN VOLUNTEERS FIRST START VOLUNTEERING, WE EXPECT THEM TO DO THEIR SHIFTS IN THE BUSINESS OFFICE DURING THE DAY SHIFTS. Please indicate your availability.* |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| 7 AM – 10 AM |  |  |  |  |  |
| 10 AM – 1 PM |  |  |  |  |  |
| 1 PM – 4 PM |  |  |  |  |  |
| 4 PM – 7 PM |  |  |  |  |  |
| 1. **Please tell us how you became interested in volunteering for SPYC.**
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|  |
| 1. **Please tell us about any experiences that you have had doing volunteer work.**
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|  |
| 1. **Are you or someone you know a survivor of suicide? If so, please explain.**
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|  |
| **Have you ever…** |
| Suffered from depression? |  |
| Suffered from substance dependence? |  |
| Suffered from a mental illness? |  |
| Considered attempting or attempted suicide? |  |
| Been arrested or convicted of a felony? |  |
| **Do you feel emotionally ready to work with suicide prevention?** |
|  |
| **How do you care for yourself when you’re feeling down?** |
|  |
| **Tell us about a personal crisis and how you dealt with the situation.** |
|  |
| **Have you ever called a support line to get help for yourself or another?**  |
|  |
| I authorize the investigation of all statements contained in this application.  | Initials: |
| I have completed all questions truthfully. I understand that any falsification of information or omissions of information by me on this application is grounds for removal from any training and/or any volunteer opportunities with Suicide Prevention of Yolo County. | Initials: |
| **Signature**: |