| 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?** | | | | | | | | | | | | | | | | | | | | | | | |
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| **How do you care for yourself when you’re feeling down?** | | | | | | | | | | | | | | | | | | | | | | | |
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| **Tell us about a personal crisis and how you dealt with the situation.** | | | | | | | | | | | | | | | | | | | | | | | |
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| **Have you ever called a support line to get help for yourself or another?** | | | | | | | | | | | | | | | | | | | | | | | |
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| 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**: | | | | | | | | | | | | | | | | | | | | | | | |