



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.

Date: \_\_\_\_\_

Name: (Mr. /Mrs. /Miss/Ms.) \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone Number (H) \_\_\_\_\_ (Business): \_\_\_\_\_

\*Please indicate which number you prefer we call first.\*

1. How did you hear about our organization? (newspaper, brochure, phone book, speaker, website)  
(Please be specific) \_\_\_\_\_  
\_\_\_\_\_

2. What aspects of volunteer work do you wish to contribute (1 or more)  
 Helpline Worker       Board of Director       Committee Member

3. If you have indicated any of the positions, what appeals to you about them?  
\_\_\_\_\_  
\_\_\_\_\_

4. What qualifications, skills, or experience can you share in the above areas?  
\_\_\_\_\_  
\_\_\_\_\_

5. What is your present occupation, or what previous jobs have you held?  
\_\_\_\_\_  
\_\_\_\_\_

6. What organizations have you joined in the past? What was your role?  
\_\_\_\_\_  
\_\_\_\_\_

7. What special projects, with any of these organizations (or your job) have you been responsible for organizing, and which have been in addition to your normal role?  
\_\_\_\_\_

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8. What do you suppose might be the best part about being a Distress Centre Helpline volunteer and the worst?

Best: \_\_\_\_\_

Worst: \_\_\_\_\_

9. Educational Background:  Secondary  Post Secondary  Returning to School

10. What qualities, outside of listening skills, do you possess which you feel would make you a good Helpline worker?

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

11. What other skills or strengths which you feel may be useful to our organization would you agree to share?

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

12. Have you ever used Distress Centre Durham Helpline?  Yes  No

13. Are you willing to get a Police Records Check?  Yes  No

14. Are you involved with Counseling/Therapy currently?  Yes  No

15. When are you available?

Morning (8:00am-12:00pm)  Afternoon (12:00pm-4:00pm)

Supper (4:00pm-8:00 pm)  Evenings (8:00pm-12:00am)

Overnight (12:00am-8:00am)

16. Please indicate, honestly, if there is someone with whom you would not feel comfortable talking:

Males  Females  Youth  Seniors  Other

Rationale: \_\_\_\_\_

17. Is there a situation that could trigger a negative reaction from you?

Incest  Abortion  Homosexuality  Mental Illness

Abuse (wife/child/sexual/verbal/emotional...)  Substance Abuse (alcohol/drugs)

Sexual Fantasizer  Other \_\_\_\_\_

18. Are you prepared to attend a 17 hour training workshop (92x8.5hour session) before you begin volunteering?  Yes  No

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

Yes

No

20. We must ask for a Firm commitment as a volunteer with the Centre after successful completion of our training. Our policy states that we cannot provide reference letters (for employment, educational studies, etc.) until volunteers have completed their agreed upon commitment. Are you prepared to sign a contract committing you to 16 hours per month (including one over-night shift), answering calls and recording call reports and volunteering for a duration of one year (renewable)?

Yes

No

Would like to discuss