

## Crisis Prevention & Intervention Hotline Specialist Application

Date of Application \_\_\_\_\_

**Submit completed applications to:**  
Rameela Tuladhar, Volunteer Coordinator  
volunteer@Every-Mind.org | Fax 301.738.1030

PERSONAL INFORMATION			
NAME		DATE OF BIRTH	AGE
ADDRESS		CITY	STATE ZIP
HOME PHONE	CELL PHONE	EMAIL ADDRESS	
PREFERRED METHOD OF CONTACT (CHECK ONE): <input type="checkbox"/> E-MAIL <input type="checkbox"/> CELL PHONE <input type="checkbox"/> HOME PHONE			
PLACE OF EMPLOYMENT		OCCUPATION	
EMERGENCY CONTACT/ RELATIONSHIP		PHONE	
DO YOU SPEAK A FOREIGN LANGUAGE?		IF YES, WHICH LANGUAGE(S)?	
<input type="checkbox"/> YES <input type="checkbox"/> NO			
HOW DID YOU HEAR ABOUT EVERYMIND?			
<input type="checkbox"/> CURRENT OR FORMER VOLUNTEER	<input type="checkbox"/> ONLINE SEARCH	<input type="checkbox"/> COMMUNITY FLYER	
<input type="checkbox"/> VOLUNTEERMATCH.ORG	<input type="checkbox"/> FAIR OR EVENT	<input type="checkbox"/> FRIEND	
<input type="checkbox"/> MONTGOMERY COUNTY VOLUNTEER CENTER	<input type="checkbox"/> NEWSPAPER	<input type="checkbox"/> OTHER	
WOULD YOU LIKE TO RECEIVE E-MAIL UPDATES FROM EVERYMIND? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EDUCATION		
<input type="checkbox"/> HIGH SCHOOL	YEAR	DID YOU GRADUATE?
<input type="checkbox"/> UNDERGRADUATE	YEAR	MAJOR
<input type="checkbox"/> GRADUATE	YEAR	MAJOR
<input type="checkbox"/> OTHER	YEAR	CERTIFICATIONS/AWARDS

### SKILLS/ INTERESTS

Please list any current or past employment or volunteer experience.

COMPANY/ORGANIZATION	RESPONSIBILITIES/DUTIES	FROM	TO

Please list any special interests, hobbies, or areas of expertise?

### REFERENCES

Please list the following information of three non-family references at least one from a professional contact, e.g., employer, teacher, clergy. **No personal references (friends) - professional references only.**

NAME	RELATIONSHIP
ADDRESS	CITY/STATE/ZIP
E-MAIL	TELEPHONE
NAME	RELATIONSHIP
ADDRESS	CITY/STATE/ZIP
E-MAIL	TELEPHONE
NAME	RELATIONSHIP
ADDRESS	CITY/STATE/ZIP
E-MAIL	TELEPHONE

Have you ever been convicted of a crime or denied bond?       NO     YES

Have you ever been convicted of an offense involving violence against a person or child including sexual offense?       NO     YES

If yes, please explain.

I hereby authorize EveryMind or authorized representatives to obtain and release my information pertaining to my backgrounds, for volunteer purposes.

PRINTED NAME	SIGNATURE	DATE

*Criminal background investigations will be conducted for all new adult volunteers for positions that involve direct contact with children and/or vulnerable populations.*

Please share any relevant training or life experience.

Why would you like to volunteer/intern at Hotline?

I would like to apply for:

- A Volunteer Position** - I understand that volunteers must be able to commit to a minimum of 52 shifts per year (roughly 1 shift per week for one year). \*1 shift = 4 hours
- An Internship Position** - I understand that interns must be able to commit to a minimum of 36 shifts per semester. \*1 shift = 4 hours

Please indicate on the grid below the days and times that you prefer your regular shift. We will make every effort to adhere to your preferences.

SHIFTS	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
8am - 12noon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12noon - 4pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4pm - 8pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8pm - Midnight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**FOR INTERN APPLICANTS ONLY.**

**Internship for which semester(s)? Check all that apply.**  
 Fall 20\_\_\_\_  Spring 20\_\_\_\_  Summer 20\_\_\_\_  Yearlong

**Is your internship:**  For Academic Credit(s)  Independent **Total # of hours required for internship:** \_\_\_\_\_

**Required qualifications of supervisor (degree, licensure, experience, etc.):**  
 LGSW  LCSW / LCSW-C  LGPC  LCPC  Master's  Bachelor's  Other: \_\_\_\_\_

*\*Please note that there are no face-to-face client hours or clinical supervision with Hotline internships.*

How many hours/week:	Days/week:
College/University:	Degree to Be Earned:
Expected Graduation Date:	Grade Point Average:

**College/University Program:**  Undergraduate  Graduate  Other: \_\_\_\_\_

**Field of Concentration:**  
 Social Work  Counseling  Psychology  Public Health  Sociology  
 Other (please specify): \_\_\_\_\_

College/University Contact:	Contact's Phone:
Contact's Email:	Contact's Address:

**IMPORTANT:** The following questions do not necessarily disqualify you from consideration for volunteering with the Hotline program. We are sensitive to the difficult topics that are handled on the hotline and encountered in training and want your volunteer experience to be a positive one, rather than negatively influencing your own mental well-being. Please be aware that applications will not be considered from those that have called the Hotline within the past 3 years.

Have you ever called the Hotline?  NO  YES

If so, how long ago and for what purpose?

Have you experienced any of the following counseling? (Check all that apply).

Individual Counseling  Group Counseling  Family Counseling  Other: \_\_\_\_\_

If applicable, how do you view the experience?

If applicable, what type of counseling are you receiving now?

Please answer the following:

1. Have you or anyone close to you ever experienced any major trauma?  Yes  No
2. Have you ever attempted suicide?  Yes  No  
*If yes, was your most recent attempt within the last 12 months?*  Yes  No
3. Have you ever been convicted, pled guilty, nolo contendere, or received a probation before judgment for an adult criminal offense or driving under the influence of alcohol or controlled dangerous substance, other than minor traffic violations?  Yes  No *\*If yes, please give specifics on an attachment to this application.*

I understand that as a requirement for volunteering or interning, I must:

- o Undergo training (which consists of 39 hours in the classroom + 16 hours of experiential training). In order to pass training, all classroom sessions must be attended and tests passed.
- o Complete 3 month (or 12 shifts minimum) probationary post training, after which you will receive a certificate of course completion.
- o Understand that we have a responsibility to our callers to only provide capable, prepared call counselors that are ready for any crisis situation. Applicants must be willing to graciously accept constructive criticism.

I affirm, under penalties of perjury, that the contents of this application are true. I understand that any false information provided by me may result in the discharge and/or the rejection of my application.

PRINTED NAME

SIGNATURE

DATE