



Application for Training

Thank you for your interest.

Please complete the information requested and return to:

Contact Community Services
6520 Basile Rowe
East Syracuse, New York 13057

Fax: 315-251-2218

E-mail: contact@contactsyracuse.org

(All information is confidential)

PERSONAL

Name _____ Sex _____ Age _____
Address _____ City _____ Zip _____
Home Phone _____ Business Phone _____
Email address _____ May you be Contacted at work? _____

EDUCATION

Please check _____ High School
_____ College
_____ Graduate School _____
_____ Professional/Technical _____
_____ Other skills or coursework related to counseling:

What special skills, interests or experiences do you have that will enhance your role as a telephone worker at Contact? _____

OCCUPATION

Occupation _____
Current Employer _____ Position _____

Former Work Experience _____

PRESENT AND PAST VOLUNTEER ACTIVITIES

1. _____ How long? _____

2. _____ How long? _____

3. _____ How long? _____

Have you ever worked on another hotline? If yes, please describe: _____

How did you hear about Contact? _____

What feelings and attitudes have motivated you to want to become a Contact volunteer?

Please read the information below before you sign this application.

1. Opportunity is provided for the individual during the Information Session to talk personally with a staff member about concerns that may impact one's suitability for service at this time. This is to allow a confidential sharing about areas of personal history or sensitivity that are not discussed in the general session.
2. Acceptance for and completion of training does not necessarily constitute acceptance for work on the hotline.
3. Once you have completed training and are accepted for phone work, you must agree to serve at least one year and work a minimum of 8 hours (2 shifts) per month.

Signature _____

Date _____