

**FRASER HEALTH CRISIS LINE
Application Form**



Administration Office
9815 - 140th Street
Surrey, B.C. V3T 4M4
Tel: (604) 584-5811
Fax: (604) 584-7628

Position Applying for: <input type="checkbox"/> Crisis Line Volunteer	Posting No: (if applicable) <input type="checkbox"/> N/A
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PERSONAL INFORMATION

Name: _____ <i>(last name) (first name) (middle name)</i>		
Address: _____		City, Province: _____
Postal Code: _____		
Phone # : _____	Cell #: _____	
Email Address: _____		
	Yes	No
Have you ever used another name? <i>If yes, name:</i>		
Have you ever been an employee/volunteer of OPTIONS: Services to Communities Society, Surrey Community Services Society or Options Community Services Society? <i>If "yes", dates from to</i>		
Have you ever been convicted of a criminal offence that may give cause for concern relative to the position applied for?		
Is there anything that may restrict or affect your ability to volunteer with the crisis line? <i>If yes, please explain:</i>		
Listening to callers talk about situations such as death, suicide, abuse and mental illness is part of a crisis line volunteer's role. We will provide training and support to help you handle this successfully. Would these or any other issues you may encounter on the Crisis Line be troublesome for you?		
Please List Languages:		
Understood:		
Spoken:		
Written:		

Please use the space below to highlight any information pertaining to employment and/or volunteer history, career objectives, relevant interests and experiences that are directly related to the position for which you are applying.

Freedom of Information/Protection of Privacy

Options Community Services (OCS) complies with the legislation in the Province of British Columbia. The information collected on this application will be used to determine eligibility for placement with OCS.

READ CAREFULLY BEFORE SIGNING

I certify, agree and understand that all information supplied on this application is true and I understand that any untrue statements will be grounds for termination of my volunteer or practicum placement. In connection with this application, I authorize all organizations, companies, persons, educational institution, law enforcement agencies, government departments and current and former employers to release information they have about me and release them from any liability in doing so. I accept the purpose of the information gathering is to determine my suitability for the position applied for. I further understand that appointment to a position and ongoing involvement is dependent upon:

- a) Satisfactory Police Information and Criminal Record checks
- b) Satisfactory reference checks
- c) Successful completion of a probationary period
- d) Successful completion of agency/program training/orientation.

Print Full Name: _____

Signature: _____ Date: _____

**FRASER HEALTH CRISIS LINE
Reference Check Form**



Name of Volunteer Candidate	<input type="text"/>	Position	<input type="text" value="Crisis Line Volunteer"/>
Name of Reference Provider	<input type="text"/>	Phone	(<input type="text"/>) <input type="text"/>
Name of Company / Organization	<input type="text"/>		

INSTRUCTIONS: Please be sure to answer all questions. Once completed, **forms must be sealed in an envelope with your signature across the flap** and returned to the person who requested the reference. Should you have any questions please contact the Fraser Health Crisis Line Manager at 604.584.5811.

The person who has given you this form and requested that you provide a reference for them has applied to become a volunteer with the Fraser Health Crisis Line. The crisis line is a free, 24-hour telephone based service that provides immediate emotional support, crisis intervention, and community resource information. Our volunteers respond to people of all ages and levels of emotional distress – everything from loneliness to imminent risk of suicide. Previous experience is not required as extensive training and on-going support is provided.

Your time and consideration in completing this reference is greatly appreciated as it is an important part of our effort to ensure that we only place individuals well-suited to the role of a crisis line volunteer in the position.

1. Please indicate your relationship to the volunteer candidate:

- Supervisor Coach Teacher Other (please explain) _____

2. How long have you known the candidate? _____ Years _____ Months

3. Are you aware of any issues, behaviours, or personal traits that may restrict, affect, or otherwise impact the candidate's ability to volunteer with the crisis line?

- No
 Yes (please explain) _____

4. Would you have concerns about the candidate responding to a crisis if it involved your parent, partner, or child?

- No
 Yes (please explain) _____

5. Please rank the candidate on the following:

	Very Poor	Below Average	Average	Above Average	Excellent
Punctuality & Attendance	1	2	3	4	5
Dependability	1	2	3	4	5
Honesty and/or Trustworthiness	1	2	3	4	5
Ability to Deal with Stress	1	2	3	4	5
Emotional Stability	1	2	3	4	5
Ability to be Non-Judgmental	1	2	3	4	5
Respect for Others	1	2	3	4	5
Communication Skills	1	2	3	4	5

6. Would you recommend this person to us?

Strongly Recommended

Recommended

Recommended with Reservation

Not Recommended (please explain) _____

Signature of
Reference Provider

Date

mmm dd, yyyy

If we wish to follow-up on your responses, what days and times would be best to contact you?

Thank you again for your assistance with our placement process!

FRASER HEALTH CRISIS LINE Reference Check Form



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Volunteer Candidate

Position

Crisis Line Volunteer

Name of
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