



Domestic Violence Crisis Line Counselor Application

Please type or print clearly – all sections must be completed. All information on this application will be kept strictly confidential and will be used only by program supervisors.

Name: _____
Title First Middle Initial Last Nick Name

Address: _____
Street City State ZIP

Home Phone: _____ Email: _____

Birthdate: ____ / ____ / ____

Are you a student? Yes or No _____ Full-time or Part-time _____

Education (Highest Level Attained) _____

Place of Employment: _____ From _____ to _____

Business Address: _____

Business Phone: _____

If you will be using personal transportation and parking in the YWCA parking lot, we will need the following information for security purposes:

Automobile Make and Model: _____ Tag #: _____

EMERGENCY INFORMATION

Emergency Contact: _____ Relationship: _____

Contact Address: _____ Phone: _____

Are you taking any medications that we should be aware of? Yes or No _____

If yes, please explain. _____

Do you have any physical limitations, allergies, or other diagnoses we should be aware of? Yes or No _____

If yes, please explain. _____

SKILLS AND EXPERIENCE

Do you have special skills or training that would be helpful in your volunteer work? _____

Do you have previous experiences (volunteer, paid, or educational) that would be helpful? _____

Do you speak a foreign language? Yes or No _____

Please be specific: _____

PERSONAL INFORMATION

Have you ever applied to be a volunteer with this agency before now? Yes or No _____

Do you have plans to leave this area within the next year? Yes or No _____

Do you have any previous counselor training? Yes or No _____
If yes, where? _____

Have you or anyone close to you been a victim of domestic violence? Yes or No _____

Have you ever been arrested or convicted of a felony? Yes or No _____

Why are you interested in volunteering with the YWCA at this time? _____

What characteristics do you feel you possess that particularly suit you for this type of work? _____

What personal characteristics might hinder you in doing this type of work? _____

What questions do you have about domestic violence? _____

Is there any other information about yourself that you would like us to know? _____

AVAILABILITY

What days are you able to volunteer? _____

How often are you available to volunteer? _____/Weekly _____/ Monthly

Please circle the times that you would generally be available to volunteer:

8:30 am – 11:30 am 11:30 am – 2:30 pm 2:30 pm – 5:30 pm

Would you be willing to fill-in on a shift if needed? Yes or No _____

_____ Yes, but only on the following days/times _____

Are you prepared to serve at least 8 hours a month for 6 months or more? _____

REFERRAL INFORMATION

How did you find out about volunteer opportunities at the YWCA? (Please circle all that apply and be as specific as you can. We are always interested in the most effective ways of recruiting new volunteers.)

Current YWCA volunteer/Board Member
YWCA Publication (i.e. recruitment flyer)
Newspaper / Radio / Television
Internet

Friend/Relative: _____
United Way
School
Other: _____

I recognize that the YWCA’s investment in each trainee is extensive and that a firm commitment of at least eight hours a month for six months is expected of me in return. I understand that if I choose to participate in the Crisis Line Program I will be required to complete a full training course which involves twenty (20) hours initially, and periodic in-service training sessions.

I hereby consent to the obtaining of the information stated in this application and understand that such information will be maintained in a confidential manner in my volunteer record.

Signature: _____ **Date:** _____

Printed name: _____

Please mail completed application to the address listed or fax to:

Attention: Crisis Line Manager
YWCA Central Alabama
309 North 23rd Street
Birmingham, AL 35203
Fax: (205) 521-9652

