



mental health association of illinois valley, inc.

CONFIDENTIAL APPLICATION FOR HOTLINE VOLUNTEER WORK

PLEASE PRINT

PERSONAL INFORMATION			
NAME (IN FULL)			
ADDRESS (IN FULL)			
CITY		ST	ZIP
TELEPHONE HOME	TELEPHONE WORK	SOC. SEC. #	
DATE OF BIRTH			
VOLUNTEER ACTIVITY APPLIED FOR			
<input type="checkbox"/> TEENHELP LINE (FORMERLY TEENS NEED TEENS) – MUST BE 16 – 21 TO QUALIFY FOR SERVICE A LIMITED HOUR CRISIS AND SUICIDE INTERVENTION AND INFORMATION AND REFERRAL HELPLINE SPECIFICALLY TARGETED TO TEENS.			
<input type="checkbox"/> CALL FOR HELP LINE – MUST BE OVER THE AGE OF 18 TO QUALIFY FOR SERVICE A 24/7 CRISIS AND SUICIDE INTERVENTION AND INFORMATION AND REFERRAL HELPLINE TARGETED TO THE GENERAL POPULATION.			
THIS VOLUNTEER POSITION REQUIRES 40 HOURS OF CRISIS INTERVENTION TRAINING TO QUALIFY FOR SERVICE			
EDUCATION			
HIGH SCHOOL		IF TEEN, GRADE POINT AVERAGE	
ADDRESS OF HIGH SCHOOL			
DID YOU GRADUATE?	DEGREE	MAJOR FIELD(S)	
BUSINESS/TRADE SCHOOL			
ADDRESS OF SCHOOL			
DID YOU GRADUATE?	DEGREE	MAJOR FIELD(S)	
COLLEGE/UNIVERSITY			
ADDRESS OF SCHOOL			
DID YOU GRADUATE?	DEGREE	MAJOR FIELD(S)	
GRADUATE/PROFESSIONAL			
ADDRESS OF SCHOOL			
DID YOU GRADUATE?	DEGREE	MAJOR FIELD(S)	
PREVIOUS VOLUNTEER ACTIVITIES			
PLEASE START WITH MOST RECENT			
ORGANIZATION		ADDRESS	
NATURE OF VOLUNTEER ACTIVITY			
DATES OF VOLUNTEER ACTIVITY			
NAME OF VOLUNTEER REFERENCE		TELEPHONE	
ORGANIZATION		ADDRESS	
NATURE OF VOLUNTEER ACTIVITY			
DATES OF VOLUNTEER ACTIVITY			
NAME OF VOLUNTEER REFERENCE		TELEPHONE	

Please continue on reverse side

EMPLOYMENT

PLEASE FURNISH THE NAMES OF YOUR LAST TWO EMPLOYERS. PLEASE GIVE YOUR PRESENT OR MOST RECENT FIRST

COMPANY

ADDRESS

POSITION HELD

LENGTH OF TIME EMPLOYED IN THIS POSITION

NAME OF EMPLOYMENT REFERENCE

TELEPHONE

COMPANY

ADDRESS

POSITION HELD

LENGTH OF TIME EMPLOYED IN THIS POSITION

NAME OF EMPLOYMENT REFERENCE

TELEPHONE

REFERENCES

PLEASE FURNISH THE NAMES AND ADDRESSES OF TWO PEOPLE TO WHOM YOU ARE NOT RELATED.

NAME

ADDRESS

TELEPHONE

NAME

ADDRESS

TELEPHONE

IF YOU ARE APPLYING FOR THE TEENHELP LINE, PLEASE FURNISH THE NAME OF YOUR PARENT(S)

NAME

ADDRESS

TELEPHONE

WHY DO YOU WISH TO BE A VOLUNTEER FOR A HELPLINE?

WHY DO YOU BELIEVE YOU WOULD QUALIFY FOR OUR HELPLINES?

I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE YOU TO MAKE CONTACT WITH MY REFERENCES.

I UNDERSTAND THAT ACCEPTANCE OF MY VOLUNTEER STATUS IS SUBJECT TO PASSING AND COMPLETING THE TRAINING PROGRAM, VERIFICATION OF REFERENCES, AND A PERSONAL INTERVIEW.

SIGNATURE OF APPLICANT _____ DATE _____

Mail form to:
Mental Health Association of Illinois Valley
5407 N. University
Peoria, IL 61614
Or FAX to 309/692-2966