

**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: | Posting No: (if applicable) | Date: |
| <input type="checkbox"/> Volunteer <input type="checkbox"/> Practicum Placement <input type="checkbox"/> N/A | | |

PERSONAL INFORMATION

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------|
| Name: _____ | | |
| (last name) | (first name) | (middle name) |
| 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 criminal record/history check
- 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" value="()"/> |
| Company /Organization | <input type="text"/> | | |

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.

As you may imagine, the role of a crisis line volunteer is a very important and demanding one. Consequently, we take great care in screening potential volunteers. We are looking for caring, non-judgmental, responsible people and we are clear that this volunteer position is not suited to everyone. 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.

Once completed, forms are to 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 Program Coordinator at 604.584.5811.

1. Please describe your relationship to the volunteer candidate (i.e. employer, supervisor, coach, teacher):

2. How long have you known the candidate? _____

3. Please describe the strengths you believe the candidate would bring to this position.

4. What would you identify as the candidate's weaknesses or limitations with respect to this position?

5. 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? If yes, please explain. _____

6. Please rank the candidate on the following:

| | Very Poor | Below Average | Average | Above Average | Excellent |
|-----------------------------------|-----------|---------------|---------|---------------|-----------|
| a) Punctuality & Attendance | 1 | 2 | 3 | 4 | 5 |
| b) Dependability | 1 | 2 | 3 | 4 | 5 |
| c) Honesty and/or Trustworthiness | 1 | 2 | 3 | 4 | 5 |
| d) Ability to Deal with Stress | 1 | 2 | 3 | 4 | 5 |
| e) Emotional Stability | 1 | 2 | 3 | 4 | 5 |
| f) Ability to be Non-Judgmental | 1 | 2 | 3 | 4 | 5 |
| g) Respect for Others | 1 | 2 | 3 | 4 | 5 |
| h) Communication Skills | 1 | 2 | 3 | 4 | 5 |

7. Is the candidate someone you'd be willing to have your parent, partner, or child interact with if he or she were in crisis? If not, please explain.

8. Would you recommend this person to us? If not, 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!

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