

Volunteer Application Suicide Prevention Partnership Pikes Peak

Contact Information

Applicant name: _____

Address: _____

City/Town _____ State _____ Zip code _____

Primary phone: () ____ - _____ Other phone: () ____ - _____

Email address: _____

Best method and time to reach you: _____

Gender: ____ Marital Status: Single ____ Married ____ Separated ____ Divorced ____ Widowed ____

Emergency contact person name: _____

Relationship: _____

Primary phone: () ____ - _____ Other phone: () ____ - _____

Applicant Information

1. Have you had any training in suicide prevention? If so, list type of training and dates taken:

2. Please tell us about your work experience, including paid and volunteer positions.

If you are currently employed, please list your current job first. Use the remaining spaces to describe other work experiences (paid or volunteer) that relate in any way to the Suicide Prevention Partnership (SPP) volunteer position. If you need additional space, please attach another sheet of paper.

A. Organization: _____

City/State: _____

Position/Title: _____

Type of work: _____

Years: _____ to _____

Role: _____ Paid employee _____ Volunteer _____ Other

B. Organization: _____

City/State: _____

Position/Title: _____

Type of work: _____

Years: _____ to _____

Role: _____ Paid employee _____ Volunteer _____ Other

C. Organization: _____

City/State: _____

Position/Title: _____

Type of work: _____

Years: _____ to _____

Role: _____ Paid employee _____ Volunteer _____ Other

3. Please describe any skills or experience that would enable you to perform the duties of an SPP volunteer.

4. Do you have any medical conditions that may affect your ability to function as an SPP volunteer, or do you require any special accommodations that we should be aware of?

_____ Yes _____ No

If yes, please describe:

5. Are you licensed and able to drive an automobile? _____ Yes _____ No

If you will be driving to and from SPP events or transporting anyone in connection with SPP or mentor activities, you will need to provide a copy of your driver's license and proof of insurance.

Driver's License # _____ Exp date _____ State _____

Lic Plate # _____ Auto Insurance _____

Interest in the SPP Program

1. How did you learn about the SPP program?

2. Please tell us why you would like to become an SPP volunteer?

3. Please indicate the days and times that you are usually available.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Note: To ensure the safety of our clients, volunteers, and the communities we serve, applicants for certain volunteer positions will be asked to consent to a criminal record check. If the position for which you apply requires a criminal record check, we will ask you to complete a separate form to authorize one.

Authorization and Certification

I certify that the information I provided in this application is true, complete, and accurate to the best of my knowledge. I also authorize the SPP to contact the references named below with regard to my application to become an SPP volunteer. I also authorize the persons referenced to provide information in connection with my application, and release them from any liability in regard to it.

Signature: _____ Date: _____

References

Please provide three references, including at least one professional or work reference, that are not related to you and who we may contact to ask about your qualifications (if the reference is a supervisor or co-worker, please note the organization for which she or he works).

A. Name (first, last): _____

Phone number: () _____ - _____ email _____

How long known? _____

Relationship: _____

B. Name (first, last): _____

Phone number: () _____ - _____ email: _____

How long known? _____

Relationship: _____

C. Name (first, last): _____

Phone number: () _____ - _____ email _____

How long known? _____

Relationship: _____

If applying to work with youth or to be a mentor for youth, please complete the following information:

Have you formally worked with youth in the past five years? If so, list the organization, contact name and phone number:

I understand that a Colorado Bureau of Investigation and/or Police Department and/or other criminal background checks, a child abuse registry check, a motor vehicle check, court diversion check, and sex offender check will be made of my background and that all information about me will be kept confidential by Suicide Prevention Partnership. My consent to which is hereby given, which consent shall be a continuing consent to periodic record checks as long as I am volunteering with Suicide Prevention Partnership.

I understand that my service as a Suicide Prevention Partnership volunteer is voluntary and consensual and that I serve at my own risk. I understand Suicide Prevention Partnership assumes no liability for my well being and does not provide insurance coverage for injuries I sustain during my service as a youth volunteer or mentor. I understand I am responsible for providing my own insurance, including but not limited to personal liability and automobile insurance and health and accident insurance.

The following information is needed for a criminal background check:

Social security number: _____

Date of birth: _____

Signature _____ Date _____