

**FOR OFFICE USE ONLY:**

CLASS: \_\_\_\_\_ APP REC'D: \_\_\_\_\_ INTERVIEW DATE: \_\_\_\_\_

DISPOSITION: \_\_\_\_\_ CODE: \_\_\_\_\_ PF: \_\_\_\_\_

PRT: \_\_\_\_\_ PR SHIFT: \_\_\_\_\_

***APPLICATION FOR PATH CRISIS LINE VOLUNTEER POSITION***

Mail to: Crisis Line Training, PATH Business Office, 201 E. Grove Street, Suite 200, Bloomington, IL 61701

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**LOCAL ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_ **Can we call you at work?** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_ **E-MAIL ADDRESS:** \_\_\_\_\_

**OCCUPATION OR MAJOR:** \_\_\_\_\_

1. Are you able to fulfill the commitment of 120 hours (6-8 months) following the training? \_\_\_\_\_  
There are no exceptions to this requirement. (If you are a student and want to train in September and graduate in May, you are ineligible)
2. Which class are you applying for?  Spring  Summer  Fall
3. What other time commitments do you currently have? Use back side of paper if necessary.  
\_\_\_\_\_

4. Are you age 18 or older?  Yes  No

5. What is the highest level of education you have completed? \_\_\_\_\_  
(Although high-school students are ineligible, there are no minimum education requirements for adult volunteers.)

College(s) attend(ed): \_\_\_\_\_

Degree(s): \_\_\_\_\_

6. Have you been convicted of any offense other than minor traffic violations? If yes, please list the offense(s) and the year it occurred.

7. Have you had a traumatic personal experience in the past six months which might affect your work at PATH? If yes, please describe; use additional page if needed.

8. Describe any experiences (life, work, education, volunteer) you have had which would help you to help others?

9. Please evaluate yourself honestly on the attributes below, from 1 (very low) to 5 (very high).

Attribute	1	2	3	4	5
Empathy					
Listening skills					
Communication skills					
Open-minded attitudes					
Positive attitude					
Relates well to others					
Commitment					
Punctuality					
Flexibility					
Self-confidence					
Motivation					
Desire to help others					

10. What doubts are in your mind as you prepare for this experience?

11. Why do you want to be a PATH volunteer? (Use additional paper if needed.)

12. Do you have any special needs?

I believe all of the above statements are true to the best of my knowledge.

DATE: \_\_\_\_\_ Name/signature: \_\_\_\_\_

You can email this app to Alicia Girard at [agirard@pathcrisis.org](mailto:agirard@pathcrisis.org) or mail to 201 E. Grove Street, Suite 200, Bloomington, IL 61701