

Administrative Offices
2729 8th Avenue
Altoona, PA 16602



Helpline: (814) 946-9050
Office: (814) 946-0531
www.contactaltoona.com

APPLICATION for Volunteer Helpline Training
TO REGISTER: Please complete and return to CONTACT Altoona.

I am available for:	Training Fee (please enclose with application)
_____ Daytime Sessions	_____ No Fee- (Training is Free with Volunteer Helpline Commitment)
_____ Evening Sessions	_____ \$50 (education only/no volunteer commitment)
_____ Both	
OFFICE USE: Fee Paid CK _____ Cash _____ Amount _____	

1. Personal Information

Name _____

Street _____

City _____ State _____ Zip _____

Phone (H) _____ (W) _____ Cell _____

Email _____ Date of Birth _____

Emergency Contact _____ Phone _____

CONTACT volunteer must be 18 years old and a high school graduate or equivalent at time of application.

2. Education, Skills and Interests

Education Background/Training:

Current or Former Occupation _____

--over--



Hobbies, Interests, Skills:

Volunteer Experience (list organizations and type of volunteer work):

Organization _____ Position _____

Organization _____ Position _____

Organization _____ Position _____

3. General

Write a brief statement why you wish to volunteer for CONTACT Altoona:

What is your computer skill level? None _____ Beginner _____ Intermediate _____ Advanced _____

Have you taken CONTACT or Crisis Intervention training in the past? Yes _____ No _____

If yes... When _____ Where _____

Have you ever been convicted of a crime in any state or country? Yes _____ No _____

If yes, please provide details _____

4. Commitment (must choose one)

_____ Required training course, apprenticeship and one year of volunteer service on CONTACT Altoona's Helpline at minimum 8 hours per month (No Fee- Training is FREE).

_____ Training course for education only - no volunteer service commitment (\$50 fee).

5. References

How did you learn about CONTACT and its volunteer training program? _____

List name and phone number of two references:

Name _____

Phone _____

Name _____

Phone _____

Please read the **Applicant's Certification** below carefully and acknowledge acceptance by your signature below:

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief and have been given voluntarily. I understand that CONTACT Altoona requires certain information both personal and professional from me to evaluate my qualifications and consider me for volunteer services. I hereby grant CONTACT Altoona permission to verify such answers and investigate all references. I understand that any false statements or incomplete information on this application may be considered sufficient cause for rejection of this application or for dismissal if such information is discovered subsequent to my volunteer work. I understand that I may be asked to discontinue my volunteer services at any time for any reason.

I understand that CONTACT Altoona will not be responsible for any personal injury or property loss that may occur to me while performing volunteer services.

I understand that I will not receive any monetary compensation from CONTACT Altoona, individual employees or anyone else for serving as a volunteer.

I hereby agree to abide by all policies and procedures of CONTACT Altoona. I will treat information regarding consumers and employees in strict confidence.

By submitting this application I agree with the Applicant's Certification.

Date _____ Signature _____