

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 \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

*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:

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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:

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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? \_\_\_\_\_

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List name and phone number of two references:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

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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 \_\_\_\_\_