



HopeLine Volunteer Application

Background Information

Name	
Preferred Pronouns	
Street Address	
City, State, Zip Code	
Best Phone Number	
E-Mail Address	
Date of Birth (age 18+)	
Occupation/Place of Employment	
Student? School & Major	
Availability	

What type of involvement are you seeking with HopeLine? (e.g. Crisis Line/TextLine volunteer, Reassurance Program only volunteer, internship [for school credit or other], special events)

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Special Skills or Qualifications

Please summarize special skills and qualifications you feel you have acquired from employment, previous volunteer work, or through other activities that may be an asset to you during your time with HopeLine:

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Previous Volunteer Experience

Summarize your previous volunteer experience, if applicable:

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Topics Covered in Training include the following:

In training and while volunteering, you will be exposed to material relating to difficult topics. Those topics may include, but are not limited to:

- Interpersonal issues
- Mental health (including depression, anxiety, substance use and psychosis)
- Health (including STDs, pregnancy & other reproductive issues)
- Sexuality (including sexual orientation and sex-related issues)
- Domestic violence
- Sexual assault
- Child abuse
- Death and grieving
- Suicide

Do you have any reservations or concerns about any of the listed training topics? If so, please explain:

References

Please provide the contact information (email most important) for two references, personal or professional.

Name	Phone	Email	Relationship

Person to Notify in Case of Emergency

Name	
Relationship	
Best Phone Number	

Agreement and Signature

By signing your name in the box below, you certify that all of the information that you have provided on this application is true and correct. You also authorize HopeLine, Inc. to verify any representations made by you, whether oral or written, concerning your application for the position of volunteer. You certify that you understand that HopeLine, Inc. may contact individuals or organizations other than those you have provided as references if it feels it may be pertinent to your application for this position.

Name (printed)	
Signature	
Date	

Next Steps

Thank you for taking the time to complete our Volunteer Application!

A phone interview is required before you begin training. We will contact you about scheduling an interview after receiving your application. The purpose of the interview is to give you an overview of our agency and the training process and for you to learn more about the expectations and requirements of a crisis line volunteer. Among other things, we will ask you about your thoughts and feelings on a number of issues covered in training.

We will be in touch shortly. If you have any questions, please contact Sabrina Golling at programs@hopeline-nc.org or 919-832-3326

You have the option to send us your completed application using one of the following methods:
Mail to ATTN: Program Coordinator PO Box 10490, Raleigh, NC 27605 or email to
programs@hopeline-nc.org

Thank you!