



## Volunteer Counselor Application

*Only authorized 2-1-1 Big Bend, Inc. staff has access to completed applications. If you feel uncomfortable about answering any specific questions, please talk with the Outreach & Education Coordinator.*

### General Information

Name Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Local Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

E-mail Address: \_\_\_\_\_

Are you fluent in:

Spanish? YES NO

Haitian/Creole? YES NO

Other? *(please specify)*: \_\_\_\_\_

Are you 18 years or older? YES NO

How long do you plan to live in Tallahassee? Less than 1yr 1yr 2yr 3 or more yrs

Are you currently enrolled in college? YES NO

If yes, will you be here for the Summer? YES NO (If this is the Spring semester)

If yes, please list your college, year, and major? \_\_\_\_\_

Have you ever pled guilty or "no contest" to a crime, been convicted of a crime, had adjudication withheld, prosecution deferred or do you have criminal charges pending? YES NO

If Yes, please give dates and details of each: \_\_\_\_\_

### References

Please list two references, preferably one professional (*an employer, professor, etc.*) and one personal (*not a relative*). If you lack a professional reference, please list two personal references.

Professional Reference Name	Position/ Organization	Dates of employment	Address	Phone
Personal Reference Name	Relationship to you	Dates of relationship	Address	Phone

## Empathy Assessment

After each situation description, list several emotions that a caller might be feeling. You do not need to respond with how you would handle the problem. *Respond with possible or probable feelings.* We are not looking for specific counseling skills, but we are interested in your natural ability to empathize. Remember that we often feel more than one feeling at a time and it is not uncommon to feel conflicting emotions.

1. A woman calls and she is very upset because of a fight she just had with her 11-year-old son. She feels strong discipline is necessary, but knows that physical punishment sometimes gets out of hand. She wants help, but she doesn't want to go to a counselor because she believes that her son will be taken away from her.

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. A man, dying of AIDS, calls you sobbing. His family has disowned him, he lost his job 7 months ago, and today his partner decided to end their relationship.

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. A woman calls who has an infertility problem and has been looking into adopting a child. She has been waiting for something to work out, but today she was turned down once again. She thinks that it may have to do with her disability; she is confined to a wheel chair.

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. You receive a call from a woman in her late fifties; her only child is getting married soon. She is extremely happy for her child, but afraid that when he leaves home she will have no one to talk with. Her spouse doesn't pay much attention to her anymore.

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Situational Assessment

Please tell us what you would do in the following situation. We are not looking for the “right” answer; we are interested in your instincts. Write your answer below.

You receive a long distance call from a friend, who just broke up with a long-term partner and is very emotional, sobbing heavily, and having difficulty speaking.

## Individual Sensitivities

Training and volunteering with 2-1-1 Big Bend, Inc. requires you to deal with a variety of issues and react to many different situations. In order to help us best prepare you for your role as a hotline counselor, please indicate below which of the following issues may be so sensitive or uncomfortable for you that you feel your ability to complete training or counsel on the hotline may be affected. Sensitivity to these situations will not necessarily bar you from training, but will alert the staff to special needs you may have and help us tailor our training to meet those needs.

**Please circle the issue(s) which you feel like you would be *unable* to counsel or discuss with someone even after training:**

Suicide	Child Abuse	Death/Dying
Rape	Homosexuality	Abortion
Substance Abuse	Homicide	Mental Illness
Domestic Violence	Spiritual/Religious Beliefs	None

Other: \_\_\_\_\_

## Use of Hotlines

I have contacted Helpline 2-1-1, Parent Helpline, BrAlve, Lifeline, or another counseling hotline for assistance within the past year.

**YES   NO**

*Use of our hotlines will not necessarily affect your suitability for our training program.*

## Experience

Please tell us about any work or volunteer experience which may be relevant to the position of Volunteer Hotline Counselor with 2-1-1 Big Bend. Include the name of the business or agency, your position, and the dates of your involvement.

*Experience is not required to be accepted into our training program; however, understanding your prior experience may help us tailor our training program to meet your needs.*

## Word Processing/Computer Skills

2-1-1 Big Bend counselors use computer software to retrieve information and referrals for callers and to document statistical information. Please indicate your proficiency in the following areas:

1. Ability to operate programs based in Microsoft Windows:

Below Average                      Competent                      Excellent

2. The ease at which you learn unfamiliar programs based in Microsoft Windows:

Below Average                      Competent                      Excellent

3. Your typing speed/accuracy:

Below Average                      Competent                      Excellent

4. Your skill level in searching for information on the Internet:

Below Average                      Competent                      Excellent

## Commitment Agreement

The following statements are designed to ensure that you understand all of the commitments involved in training and volunteering with 2-1-1 Big Bend, Inc.

- 1) Training is usually conducted from 7:00 pm to 9:30 pm every Tuesday and Thursday. The HIV/AIDS training session (*see current schedule*), will last until 10pm. Training may also take place on one or two Saturdays (*see current schedule*). You will be expected to attend all of these sessions

**I agree to attend all weekly training sessions**

**YES    NO    If no, please explain:**

- 2) Attendance at all training sessions is vital to becoming a competent hotline counselor.

**I understand that if I should have to miss a session due to an unforeseen emergency, I will contact a member of training staff prior to that session, and agree to promptly make up a missed training session. I also understand that being late to training session counts as half an absence. I understand that I may be dismissed from the training program due to absences.**

**YES    NO    If no, please explain:**

- 3) Around the second week of classroom training, you will begin five units of phone room training and then later begin supervised shifts that will involve a commitment of three hours a week in addition to classroom training. These additional hours will be scheduled according to your availability.

**I agree to commit to these additional hours of training**

**YES    NO    If no, please explain:**

- 4) There is a \$30.00 materials fee for the training manual and other phone room training materials. No one will be denied the opportunity to train because they are unable to afford this fee. We will work with you to make alternative arrangements if there is a difficulty for you to meet this fee.

**I agree to pay the materials fee OR speak with a member of training staff**

**YES NO If no, please explain:**

- 5) In order for 2-1-1 Big Bend, Inc. to operate and serve the community, all volunteers must fulfill a 200-hour commitment of service *after* they have completed the initial training program. By going through our training program, you are agreeing to make decisions in your life over the next year based on your volunteer commitment to 2-1-1 Big Bend, Inc.

**I have read the volunteer counselor position description, and I agree to complete my 200-hour commitment to 2-1-1 Big Bend, Inc.**

**YES NO If no, please explain:**

- 6) **I agree to volunteer for at least one three-hour hotline shift each week once I have completed the initial training program.**

**YES NO If no, please explain:**

- 7) **I agree to volunteer for at least one overnight shift (11pm-8am) per month once I have completed the initial training program.**

**YES NO If no, please explain:**

- 8) 2-1-1 Big Bend, Inc. is a drug free workplace.

**I will not use alcohol or illegal drugs before or during training classes or any shifts. If I am under 21 years of age, I will not drink alcohol at any 2-1-1 Big Bend, Inc. social functions.**

**YES NO If no, please explain:**

## Commitment Agreement (continued)

- 9) Applicants should possess the ability to view and read resources on a computer, in books or other printed materials. Applicants should possess the ability to use a telephone to communicate with clients as well as being able to use two (2) phones simultaneously when communicating with an Off-Site Supervisor. Applicants must be fluent in English (including speaking, writing, and comprehending). This includes the ability to establish a relationship with our callers, identify their problems, reflect their feelings, and explore alternatives. Since our services are provided via telephone this may require the ability to identify subtle inferences about a caller's situation, thus a solid command of the English language is required.

**I am able to perform the duties as described above.**

**YES NO**

**I need assistance to perform the duties as described above.**

**YES NO If yes, please explain:**

By signing this application, I certify that all of the information that I provide on this application and in any interview will be true, complete and accurate. I understand that if I am selected as a volunteer and any such information is later found to be false or misleading in any respect, I will be dismissed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_