

**Confidential Volunteer Application**  
**CONTACT We Care, Inc.**

**Please check one:**

CONTACT Listener      (Traditional Training  Flexible Training 

Board Member

Gala Committee Member

Office

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Age \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Marital Status: Single  Married  Divorced/Separated  Widow(er)

Number of children \_\_\_\_\_

Education (Check highest level)

High School

Voc/Trade School - Specialty \_\_\_\_\_

Some College – Major \_\_\_\_\_

College Degree – Major \_\_\_\_\_

Graduate Degree – Major \_\_\_\_\_

Other training \_\_\_\_\_

Occupation:

Accounting/Financial       Government       Mental Health/Social Services

Administrative/Clerical       Health/Medicine       Professional

Clergy       Homemaker       Education

Management/Executive       Skilled Craft/Trade       Engineering/Technical

Marketing/Sales       Other \_\_\_\_\_

Retired (from \_\_\_\_\_)

Current Employer  
(Name and address) \_\_\_\_\_

Start Date: \_\_\_\_\_

Former Employer  
(Name and address) \_\_\_\_\_

How Long? \_\_\_\_\_

Life Experiences, Volunteer Work, Special Skills, etc.

Religious Affiliation / Place of Worship (if any)\*  
\_\_\_\_\_ City \_\_\_\_\_ How Long? \_\_\_\_\_

Physical Health: describe briefly any physical disabilities that would interfere with your performance as a volunteer.

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Are you taking any medication that could affect your performance as a volunteer?  
If yes, please specify:

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Emotional Health: describe briefly any emotional traumas or crises experienced that would interfere with your performance as a volunteer:

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Have you ever called a CONTACT Center? \_\_\_\_\_  
If so, state reason for call: \_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_ If so, please explain:

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Have you ever worked for or volunteered for another CONTACT Center of Lifeline International?

If so, please state when and where

Please provide three (3) references – name, address, telephone number (HIGH SCHOOL STUDENTS – please list teachers, student advisors, and/or guidance counselors)

1) \_\_\_\_\_  
\_\_\_\_\_

2) \_\_\_\_\_  
\_\_\_\_\_

3) \_\_\_\_\_  
\_\_\_\_\_

Please tell us what prompted you to volunteer for CONTACT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you learn of CONTACT?

\_\_\_\_\_ Newspaper (Name: \_\_\_\_\_)

\_\_\_\_\_ Internet Site (Website: \_\_\_\_\_)

\_\_\_\_\_ Radio (Station: \_\_\_\_\_)

\_\_\_\_\_ Television (Show: \_\_\_\_\_)

\_\_\_\_\_ Volunteer Center (Name: \_\_\_\_\_)

\_\_\_\_\_ Brochure/Newsletter

\_\_\_\_\_ Friend/Word of Mouth (Name: \_\_\_\_\_)

\_\_\_\_\_ Other (Specify: \_\_\_\_\_)

My signature affirms these statements to be true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If under 18, signature of parent or guardian:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date