

CONTACT We Care

P.O. Box 2376 Westfield, NJ 07091-2376 Phone: 908-301-1899 Fax: 908-301-1822

**ASIST – Applied Suicide Intervention Skills Training
Application**

Last Name _____ First Name _____ Age _____

Street Address _____ City _____ State ____ Zip Code _____

Home Tel. _____ Cell. Tel. _____ E-mail address _____

Emergency Contact _____ Emergency Contact Tel. _____

Education (Check highest level)

____ High School _____ Some College – Major _____

____ Voc/Trade School _____ College Degree – Major _____

____ Other training _____ _____ Graduate Degree – Major _____

Occupation:

____ Accounting/Financial _____ Government _____ Mental Health/Social Services

____ Administrative/Clerical _____ Health/Medicine _____ Professional

____ Clergy _____ Homemaker _____ Retired (from _____)

____ Education _____ Management/Executive _____ Skilled Craft/Trade

____ Engineering/Technical _____ Marketing/Sales _____ Other _____

Current Employer (name and address) _____ How Long? _____

Experience with suicide, either third party or self that might interfere with your performance in the course:

What is your connection to suicide prevention/intervention?

Previous Mental Health or Suicide Intervention Training (specify):

Previous Active Listening Training (specify):

Life Experiences, Volunteer Work, Special Skills, etc.

What prompted you to take interest in this course (specify):

How did you learn of CONTACT?

<input type="checkbox"/> Brochure/Newsletter	<input type="checkbox"/> Newspaper (Name: _____)
<input type="checkbox"/> 5K Race	<input type="checkbox"/> Staff (Name: _____)
<input type="checkbox"/> Friend (Name: _____)	<input type="checkbox"/> Television (Show: _____)
<input type="checkbox"/> Internet (Website: _____)	<input type="checkbox"/> Other (Specify: _____)

My signature affirms these statements to be true and accurate.

Signature

Date

If under 18, signature of parent or guardian:

Signature

Date