



Have you ever been convicted of a felony or misdemeanor? \_\_\_\_\_ If yes, please explain the circumstances.

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

Which days of the week are able and willing to work? \_\_\_\_\_

What are the approximate number of hours per month you could volunteer? \_\_\_\_\_

Do you have reliable transportation? \_\_\_\_\_

Please give two references of individuals (non-related) whom we can contact. List names, relationship, address and telephone numbers.

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

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

Why do you want to volunteer for the Crisis Line agency?

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

Where did you find out about Crisis Line? \_\_\_\_\_

Due to the sensitive nature of the services we offer, it is necessary to have a background check of all applicants. This will include references and a police background check. If you are interested in pursuing this application, please sign and date the following Release of Information statement.

I understand that the training program staff will accept, without prejudice, resignations from the training program at the conclusion of the first session (orientation), but will expect trainees to fully participate in all training sessions thereafter.

I also understand that, should I pass the training course and be accepted as a volunteer, I will make a commitment to serve Crisis Line as a volunteer for a minimum of one year.

Crisis Line of Central Virginia, Inc. reserves the right to discontinue the relationship with volunteers or potential volunteers if the executive director determines it to be in the best interest of the agency.

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

Please return to:

Crisis Line of Central Virginia, Inc.  
Attn: Volunteer Coordinator  
P.O. Box 3074  
Lynchburg, VA 24503