



**Family Service Association of Bucks County
Application to Volunteer – CONTACT Helpline**

Family Service Association of Bucks County affirms that a stable, qualified workforce of volunteers and staff contributes effectively and efficiently to consumer satisfaction and positive service delivery results.

Name: _____

Address: _____ Apt: _____

City/State/Zip: _____

E-mail _____

Preferred Phone: _____ Best time to call: _____

Alternate Phone (Optional): _____ _____

Email will be the primary form of communication used by Family Service Association.

If you do not have access to email, we will contact you by phone.

Birthdate: _____ Last 4 Digits of Social Security Number: _____

Education, Training, Work Experience

Please indicate your highest level of education:

High School Professional/Technical College Graduate School

Which best describes your current employment status? (Check all that apply)

Employed full time Employed part time Not employed Student Retired

If employed, please indicate your job title and typical work hours:

Have you previously served as a volunteer? Yes No

If yes, when? _____ Please indicate the organization and describe your volunteer job.

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, please be advised that conviction of a felony or misdemeanor by itself may not prevent or bar you from consideration for the FAMILY SERVICE workforce. FAMILY SERVICE takes into account other factors (e.g. age

and time of offense, seriousness and nature of the violation, etc.)

Volunteer Interests

How did you hear about volunteer opportunities with Family Service Association?

Please describe why you are interested in volunteering with the CONTACT Help Line.

Please indicate the office from which you would prefer to work

Bucks County Call Center in Richboro

Montgomery County Office in Wynnewood

Please list any languages, in addition to English, which you speak fluently.

What are your strengths and limitations relating to people in distress or crisis?

If you have personally experienced trauma or if suicide has touched your life, how do you anticipate that experience will impact your ability to remain objective and respond to callers non-judgmentally?

What days and times are you available for volunteering?

Are you able to commit to volunteering at least twice a month for no less than 12 months? Yes No, I am available for _____ (indicate period of time)

Are there any health/physical factors that we should consider before assigning you a task? (Note that accessing the Richboro call center requires climbing stairs)

Yes No If yes, please describe.

When are you available to begin volunteering?

Acknowledgements

We strongly recommend that if you are currently in therapy or seeing a counselor for any reason, you have a discussion with your therapist/counselor regarding your interest in serving as a CONTACT Helpline volunteer, prior to committing to volunteer with CONTACT.

_____ I so acknowledge
Your initials

Please initial to acknowledge that you understand that FAMILY SERVICE may require a PA Child Abuse Clearance, PA Criminal Record Check and/or FBI Clearance in conjunction with this Volunteer Application. The cost for the Child Abuse Clearance and Criminal Record Checks are \$10 each. The cost of the FBI Clearance is currently \$27.50. Bucks County Emergency Homeless Shelter volunteers are required to receive an influenza immunization and provide documented proof of immunization by October 31 of each year.

_____ I so acknowledge
Your initials

Each FAMILY SERVICE site is Tobacco-Free. Smoking and other forms of tobacco use by employees, volunteers, independent contractors and vendors will not be permitted in any building or on agency campuses, including parking lots.

_____ I so acknowledge
Your initials

In case of emergency notify:

Name: _____

Phone: _____ Alternate Phone: _____

Relationship to you: _____

References (Please list people not related to you, who know you well enough to serve as a reference)

1. Name: _____

Phone: _____ Email Address: _____

Mailing Address: _____

2. Name: _____

Phone: _____ Email Address: _____

Mailing Address: _____

3. Name: _____

Phone: _____ Email Address: _____

Mailing Address: _____

Please continue to page 4

Please read before signing.

FAMILY SERVICE is an Equal Opportunity Employer and considers all candidates for employment and volunteer service regardless of race, color, religious creed, ancestry, national origin, age, sex, handicap, or sexual orientation.

My statements and answers in the foregoing Volunteer Application, and any attachments or addenda thereto, are true and complete to the best of my knowledge. I understand that false or misleading statements may result in my being disqualified for, or terminated from, volunteer service by FAMILY SERVICE.

FAMILY SERVICE is hereby authorized to investigate any information contained in this Volunteer Application or any information related to my business background.

Signature of Applicant

Date

Please read the following before signing

Family Service Association CONTACT Helpline Volunteers are expected to

- Complete a 24 hour training class (4 hours/week for 6 weeks)
- Complete four 4-hour apprenticeship shifts in the Bucks or Montgomery County office location
- Commit to volunteer three to four 4-hour shifts per month for at least one year
 - (9 months, with weekly supervision, for college/graduate students completing internships)
- Participate in continuing education, including at least four face-to-face opportunities annually
- Participate in regular supervision with a senior volunteer or staff member
- Communicate with callers only by phone

I understand and agree to the above expectations of Crisis Line Volunteers

Signature of Applicant

Date of Application

Optional Volunteer Profile:

The following information is optional for you to complete with this Application. Decisions regarding your selection as a Volunteer are similar to any employment decision made by the agency. FAMILY SERVICE is an equal opportunity employer and does not discriminate on the basis of the following demographic factors.

Male Female

American Indian or Alaskan Native Asian Black or African American Hispanic or Latino

Native Hawaiian or Other Pacific Islander White Other (please specify) _____

Please return this application to:

Director of Volunteer Service
Family Service Association,
4 Cornerstone Drive
Langhorne, PA 19047

OR email to volunteer@fsabc.org

Fax: 215-757-7628