

Volunteer Application Form

Name: _____	Phone#: _____
Address: _____	
Email: _____	
Application Date: _____	

Highest Level of Education: _____

Current Employer, if applicable: _____

Position/Title: _____

Dates of Employment (starting, ending): _____

Would you like us to keep your employer informed of your volunteer service and achievement? Yes No

Special training or skills: _____

Groups, clubs, organizational memberships: _____

Past/current volunteer experience or community involvement:

Do you have any other commitments that we need to be aware of?

What strengths do you bring to our organization as a volunteer?

What do you hope to gain from your volunteer experience?

Do you have personal experience with suicide (know someone affected by it or affected yourself)? _____

Would you be comfortable sharing your personal experiences with a class? Yes No

Do you have experience with public speaking? Please explain.

We serve the David Thompson Health Region which means that many of our presentations occur outside of Red Deer. Are you willing drive to out-of-town locations for a presentation? _____

Do you have a reliable means of transportation? Yes No

Do you have a driver's license? Yes No

Do you have vehicle insurance? Yes No

Are people who attempt suicide "crazy"? Please explain. _____

Whose fault is it when someone completes suicide? _____

Does the idea of speaking to a suicidal person scare you? Please explain.

Any additional comments for us: _____

Please list two people who know you well and can attest to your character, skills and dependability. Include your current or last employer.

Name: _____ Phone#: _____
Occupation: _____ Years Known: _____
Relationship: _____

Name: _____ Phone#: _____
Occupation: _____ Years Known: _____
Relationship: _____

Please list the volunteer opportunity(ies) you are interested in:

- Education presentations to Grades K-6
- Educational presentations to Grades 7-12
- Fundraising Events
- Public Awareness Events
- Administrative Volunteer
- Other: _____

If you are accepted as a volunteer, you will be required to undergo a Criminal Record Check and if working with children, a Child Welfare Check (no cost to volunteers).

Would you be willing to do this? Yes No

If you are accepted as an Educational Volunteer, you will also be required to take a two day course on Applied Suicide Intervention Skills Training (ASIST) which will be paid for by Suicide Information & Education Services.

Would you be willing to do this? Yes No

Attitudes Survey

For each statement, please circle the response which most closely reflects your views (the extent to which you agree or disagree with the statement)

	Strongly Agree	Agree	Disagree	Strongly Disagree
Suicide is wrong.	SA	A	D	SD
Suicide is immoral.	SA	A	D	SD
Suicide is a sin.	SA	A	D	SD
Suicide is justifiable under some circumstances.	SA	A	D	SD
Suicide is a rational act.	SA	A	D	SD
A person who dies by suicide is not Responsible for his/her actions.	SA	A	D	SD
A person who dies by suicide is Being irresponsible.	SA	A	D	SD
I must stop anyone from completing Suicide with all possible means.	SA	A	D	SD
I have failed if a person I am helping Completes suicide.	SA	A	D	SD
I have an obligation to inform Significant others about the suicidal Behaviour of someone close to them.	SA	A	D	SD
Suicide, death and related topics should Not be discussed with youth.	SA	A	D	SD
I would be ashamed if a member of my Family completed suicide.	SA	A	D	SD

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity.

I certify that I have and will provide information throughout the selection process that is true, correct, and complete to the best of my knowledge.

I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavourably affect my application for a volunteer position.

I understand that information contained on my application will be verified by Suicide Information & Education Services.

I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Suicide Information & Education Services or my termination as a volunteer.

Signature: _____

Date: _____

We thank all applicants for their interest in our programs, however, only those selected for an interview will be contacted.

Your application will be kept on file for future volunteer opportunities.