Townhall II
Integrated Health Network

155 N Water St. Kent OH 44240 (330) 678-3006 - Save & Mail to: sydneyb@townhall2.com

Name: First _____ Last _____ Pronouns _____

Phone Number _____ E-mail Address _____

Street Address _____

City _____ State _____ ZIP _____

Which Training Session would you like to attend? ☐ Spring ☐ Fall

How did you hear about the Helpline Volunteer Training Program?

_____

High School _____ Graduation or GED, Year Achieved _____

College Field of Study _____

Years of College Completed _____ Did you graduate? ☐ Yes ☐ No Degree _____

Other Education (be specific) _____

Previous Volunteer Experience _____

Special courses, seminars or trainings that pertain to dealing with people in crises?

_____

List three qualities you possess that will help you as a crisis and suicide helpline volunteer:

_____

How many hours a week are you looking to put in? _____

What is Your Availability?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	☐	☐	☐	☐	☐	☐	☐
Afternoon	☐	☐	☐	☐	☐	☐	☐
Evening	☐	☐	☐	☐	☐	☐	☐

Are you available at least once a week to volunteer with us and can you volunteer on a consistent schedule? ☐ Yes ☐ No

Are you comfortable communicating with people for an extended period of time? ☐ Yes ☐ No

Initials _____ Date Initialed _____ Save & e-mail to: sydneyb@townhall2.com