



1-800-RUNAWAY  
www.1800RUNAWAY.org

3080 North Lincoln Avenue · Chicago, Illinois 60657 · 773.880.9860 Business Line · 773.929.5150 Fax

## CRISIS LINE VOLUNTEER APPLICATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Contact me by:	<input type="checkbox"/> Home Phone	<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Work Phone	<input type="checkbox"/> E-mail
Send mail to:	<input type="checkbox"/> Home Address	<input type="checkbox"/> Work Address		

Employer/School \_\_\_\_\_

Occupation/Program \_\_\_\_\_

Work/School Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

Do you fluently speak a language besides English?  YES  NO If so, what? \_\_\_\_\_

Do you have any medical or physical conditions of which we should be aware?  YES  NO

If yes, briefly explain. \_\_\_\_\_

<b>Education</b>	<u>School</u>	<u>Degree</u>	<u>Dates</u>
High School	_____	_____	_____
College	_____	_____	_____
Graduate School	_____	_____	_____
Other	_____	_____	_____

**Employment** (Please list your two most recent employers.)

<u>Employer</u>	<u>Position</u>	<u>Duties</u>	<u>Dates</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____

**Volunteer Experience**

<u>Organization Name</u>	<u>Duties</u>	<u>Dates</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**References** (Please give the name, address and telephone numbers of three people not related to you.)

<u>Name</u>	<u>Phone #</u>	<u>E-mail</u>	<u>Relation</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

What do you hope to obtain through volunteering your time and energy at NRS? \_\_\_\_\_

Would you be able to fulfill a commitment of 100 hours within the next 12 months to NRS after training is complete?

YES  NO

Most volunteers format their 100 hours into a 2-4 hour per week schedule. When would you be available to volunteer?

- Less than 2 hours per week \_\_\_\_\_ Weekdays  
 2-4 hours per Week \_\_\_\_\_ Weekends  
 More than 4 hours per week \_\_\_\_\_ Graveyard (12:00 a.m. - 8:00 a.m.) *Must be 18*

How did you hear about volunteering at the National Runaway Switchboard? (Check as many as apply)

- Friend/Family Member  
 Drove/Walked by  
 Internet site \_\_\_\_\_  
 School \_\_\_\_\_  
 Other, please explain: \_\_\_\_\_

**Although some topics that arise on the hotline may be imposing, it is important that we remain objective and feel comfortable discussing the issues surrounding these topics. Please check any topics that you feel may interfere with your objectivity on the hotline.**

TOPIC	Feel comfortable	Feel uncomfortable	Will feel more comfortable after training
Abortion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS/STDs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bisexuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic/Dating Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homosexuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents of Runaways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prostitution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rape/Sexual Assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Injury (Cutting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Activity among Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there any topics not listed above that you would feel uncomfortable discussing with a caller? \_\_\_\_\_

**OPTIONAL** (for record keeping purposes only)

Birth Date \_\_\_\_\_  
Month/Day/Year

Ethnic Group/Race

- Asian (Far East, Southeast Asia or India)  
 American Indian or Alaska Native  
 Black/African American  
 Caucasian  
 Hispanic/Latino  
 Native Hawaiian or Pacific Islander  
 Other/Bi-racial \_\_\_\_\_

**EMERGENCY CONTACT PERSON**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

**Notification of Sexual Offender Database Check**

Have you ever been charged or convicted of a criminal offense related to actual or attempted sexual misconduct or molestation of a minor, or of child abuse?

YES  NO If yes, briefly explain. \_\_\_\_\_

Has any civil action ever been made against you for reasons related to sexual misconduct or child abuse?

YES  NO If yes, briefly explain. \_\_\_\_\_

Have you ever resigned from employment or been disciplined or terminated by an employer because you were accused of sexual misconduct or child abuse?

YES  NO If yes, briefly explain. \_\_\_\_\_

Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the interaction with children and youth?

YES  NO If yes, briefly explain. \_\_\_\_\_

Are you required to perform community service because of a conviction?  YES  NO How many hours? \_\_\_\_\_

**LIABILITY CLAUSE**

Because volunteers are not employees, they are not covered by Workers' Compensation in the unlikely event they are injured while on the National Runaway Switchboard's premises. The National Runaway Switchboard has full property, casualty and liability insurance, which covers all staff, volunteers and visitors while on-site in very specific situations. In addition, the National Runaway Switchboard has a comprehensive safety program in place to minimize the likelihood of injury to all staff, volunteers and visitors.

If an on-site accident should occur, it may be necessary for a volunteer to seek medical attention and to file a claim through his/her own private health insurance. The National Runaway Switchboard will assume no liability for payment of, or reimbursement for, medical expenses beyond that which is covered by its property, casualty and liability insurance.

If a volunteer becomes so ill while providing services at the National Runaway Switchboard that he/she cannot go home or seek medical attention, the on-duty Phone Room Supervisor will contact the volunteer's emergency contact. If the medical condition appears life-threatening, the Supervisor will call 911 for assistance. (Because of liability issues, the National Runaway Switchboard staff and fellow volunteers are prohibited from driving someone to a medical provider.) If an ambulance is sent, the volunteer is liable for all medical costs related to transportation and treatment provided by emergency personnel and medical facility staff. The National Runaway Switchboard assumes no liability for costs associated with contacting 911 or subsequent treatment.

Occasionally the National Runaway Switchboard holds an event to which volunteers are invited to attend. If the Executive Director, a member of the staff or Board of Directors offers a ride in his/her automobile to a volunteer and there is an accident, any injury to the volunteer will be covered by the insurance of the auto owner. The National Runaway Switchboard is not liable for payment of, or reimbursement for, medical expenses incurred by a volunteer who is injured in an automobile driven by any employee, its volunteers or Board members.

I have read the above and understand and accept these conditions for all volunteers of the National Runaway Switchboard.

**APPLICANT STATEMENT**

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to eliminate me from further consideration for volunteering, or result in termination from volunteering at the National Runaway Switchboard. By signing below, I certify that I have read and fully understand all terms of the Applicant Statement.

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

<i>Office Use Only</i>	
<input type="checkbox"/>	Date received _____
<input type="checkbox"/>	Method received _____
<input type="checkbox"/>	www.nsopr.gov
<input type="checkbox"/>	www.isp.state.is.us/sor/
<input type="checkbox"/>	Volgistics
<input type="checkbox"/>	Date of orientation _____
<input type="checkbox"/>	Date of interview _____
<input type="checkbox"/>	Date of training _____
<input type="checkbox"/>	Call Pilot
<input type="checkbox"/>	NetSuite
<input type="checkbox"/>	List serve
Staff signature: _____	