

# Blackburn Center

## Volunteer Application

*All information on this form will be kept confidential. Please respond as accurately as possible.  
Blackburn Center will also complete an internal background check using agency records and resources.*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (W) Can we call you there? \_\_\_ yes \_\_\_ no  
E-mail: \_\_\_\_\_  
Emergency Contact: Name: \_\_\_\_\_  
Phone #(s): \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Birthday (excluding year): \_\_\_\_\_  
Age - *Optional* (circle one) under 18 18-24 25-34 35-44 45-55 56-70 over 70  
Education Level Completed: \_\_\_\_\_  
Employer: \_\_\_\_\_

1. Volunteers interested in providing services to clients must complete Crisis Intervention Counselor Training. There are 23 sessions, and each is 3 hours long. What might interfere with your ability to attend all of them?
  
  
  
  
  
  
  
  
  
  
2. Tell us about your interest in working with victims of domestic or sexual abuse.
  
  
  
  
  
  
  
  
  
  
3. What expectations do you have about Blackburn Center or our volunteer program?
  
  
  
  
  
  
  
  
  
  
4. What do you hope to gain from this experience?

5. Do you have specific skills that may be applicable to Blackburn Center's work?

6. The basic counseling service that Blackburn Center provides is our 24-hour hotline. A hotline call can sometimes last up to an hour. Do you have any reservations about talking on the phone? If yes, please explain.

7. We ask for a commitment of 12 hours per month for at least one year. Are you aware of any potential conflicts with your participation in our program (job, school, family, etc)?

\_\_\_\_\_ No

\_\_\_\_\_ Yes *If yes, how will you manage these conflicts?*

8. As a volunteer counselor you will be discussing issues like rape, domestic violence, sexuality, divorce or abortion with your clients. What concerns do you have about such a role?

9. Do you have any special needs that we should know about in order to make accommodations for your participation in our training class or volunteer program?

10. Please list any prior volunteer experiences.

Agency	How Long?	Responsibilities

11. When are you available for the training class?

Morning  Afternoon  Evening  No preference

12. How did you hear about our volunteer program?

Newspaper  Staff person  Church Bulletin  Flyer  
 Other (please specify: \_\_\_\_\_)

*The information provided on this application is true, correct and complete. I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of the volunteer relationship, if I am accepted into the volunteer program, whenever it may be discovered.*

*I hereby authorize Blackburn Center to verify the accuracy of information contained in this application. I also hereby release from liability Blackburn Center and its representatives for seeking, gathering, and using such information to make decisions regarding the volunteer relationship and all other persons or organizations for providing such information.*

*If I am accepted into the volunteer program, I acknowledge that there is no specified length of time for the volunteer relationship and that this application does not constitute contractual obligations of any kind or a contract between Blackburn Center and me. Accordingly, either I or Blackburn Center can terminate the relationship at will at any time, with or without notice, so long as there is no violation of applicable federal or state law.*

*I understand that it is the policy of Blackburn Center not to refuse to accept an individual into the volunteer program or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Please return this form to: Volunteer Program Manager  
Blackburn Center  
PO Box 398  
Greensburg, PA 15601