**Crisis Support Services of Alameda County**

**P.O. Box 3120, Oakland, CA 94609**

Thank you for your interest in applying for a volunteer position with Crisis Support Services of Alameda County (CSS). An application form and a brief description of our agency and crisis line program are enclosed.

Certified by the American Association of Suicidology, CSS responds to nearly 60,000 calls per year on our 24-hour telephone crisis lines. The crisis line is a toll free call for anyone in Alameda County. Our crisis line offers teletype (TDD) services for the deaf and hearing impaired. The 24-hour crisis line acts not only to save the lives of those who are suicidal and support to people during times of crisis but also provides extensive referrals listing other county resources. We respect our callers’ privacy and all calls are confidential.

In addition to crisis intervention and suicide prevention, CSS also provides direct service programs that include: The Grief Counseling Project, a senior counseling program, *Teens for Life* program, and a community education program.

Responsibilities of volunteers include: completion of several weekends or weeknights of intensive classroom training. Additionally, we ask that you commit to one four hour shift per week for a year and four months. We also ask that our volunteers attend two in-service classes annually and fulfill all record keeping protocols established by the Agency.

Training: Volunteers receive approximately 90 hours of didactic and experiential training. During the first four months you will be working with a trainer one-on-one on the crisis lines. We also provide you with a comprehensive manual so that you can study and learn all of our emergency procedures and protocols. The result of these efforts is a unique and highly regarded training program.

CSS is looking for persons who are level-headed in crisis situations, are committed to personal and professional growth, who can work independently and as part of a team; those who are open to, and able to apply critical feedback; who recognize their own limitations as a counselor and who are reliable and responsible.

Thank you again for your interest in Crisis Support Services.

Sincerely,

Daniella Bermudez, LMFT, PMH-C

Crisis Line Training Coordinator

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| Volunteer Application | **CSS LOGO** |

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| Primary Phone #/ Type |  |
| Secondary Phone #/ Type |  |
| Best time to reach you? |  |
| E-Mail Address |  |
| Education (highest level completed or degree in progress) |  |
| Present Occupation |  |
| Employer |  |
| Employer’s Address |  |
| How did you hear about our organization?  |  |

## Previous Volunteer Experience

### Summarize your previous volunteer experience.

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## Special Skills or Qualifications

### Summarize special skills, languages, and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. Include any relevant certificates.

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| DhaohdsaSpecial Skills or QualificationsSpecial Skills or QualificationsSummarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.Special Skills or QualificationsSummarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. |

## Computer Skills

### Please list your proficiencies with basic computer programs or applications (i.e. Windows, MS Word, MS Excel, Outlook, etc.).

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| DhaohdsaSpecial Skills or QualificationsSpecial Skills or QualificationsSummarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.Special Skills or QualificationsSummarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. |

## References

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| **Special Instructions** | List the names, addresses, and phone numbers of two persons who are well acquainted with your previous volunteer, employed or academic work. Please do not provide the names of friends, acquaintances or relatives. |
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| Name |  |
| Email Address |  |
| Phone |  |
| Relationship |  |
|  |  |
| Name |  |
| Email Address |  |
| Phone |  |
| Relationship |  |

### 1. What drew you to the mental health field?

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### 2. Why are you interested in our program at this time?

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### 3. What are your goals as a volunteer with Crisis Support Services?

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### 4. Tell me about a time when you received difficult feedback. How did you handle it?

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### 6. What kind of client would be the most difficult for you to work with and why?

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### 7. Describe a period of significant loss or crisis in your life and how you got through it.

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### 8. How do you think personal experience with suicide or mental health challenges can impact someone volunteering on the crisis line?

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**Please answer the following questions:** **Yes or No**

11. Does the idea of talking to a suicidal person scare you? \_\_\_\_\_\_\_\_\_\_\_\_

12. Would it bother you to read or think about suicide? \_\_\_\_\_\_\_\_\_\_\_\_

Feel free to include any additional thoughts here:

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##  Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

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| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

Please submit the application via email (shood@crisissupport.org) or by U.S. Mail to:

**CRISIS SUPPORT SERVICES**

**Attn: Crisis Line Training Team**

**P.O. Box 3120**

**Oakland, CA 94609**

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**CONFIDENTIALITY AGREEMENT**

**AND ACKNOWLEDGMENT OF HIPAA COMPLIANCE**

I agree to hold in confidence all information regarding callers and clients of Crisis Support Services of Alameda County (“CSS”). I will not violate the confidential relationships between and among CSS, its volunteers, Board of Trustees, staff, and callers and clients. I will maintain privacy regulations under the umbrella of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I will not remove from the offices of CSS any written client records or any other information without the explicit consent of the Executive Director.

I accept full responsibility for maintaining the confidential and private nature of all client records and information. This applies to all forms of communications including phone conversations, emails, faxing, and social media technology. Social media technology includes, but is not limited to Facebook, Twitter, YouTube, etc. I understand that I am personally liable for any violation of this agreement. Violation of the law concerning confidentiality subjects the person releasing the information to a minimum of five hundred dollars ($500) in civil damages, as set forth in Welfare and Institutions Code Section 5350.

California law requires that certain information regarding child or elder abuse, potential violence and/or homicidal threats to others be reported to mandated agencies. As a result of our compliance with these requirements, or in response to a court order or search warrant, it is possible that client/volunteer conversations may become a part of some other agency’s records.

If compelled or mandated to provide information about a client, CSS will attempt to keep the last names of volunteers private and not release them with the records. In no case will the last name of a volunteer be released for a judicial purpose without first informing the volunteer of the request.

Section 215 of the Patriot Act precludes counselors from informing clients regarding requests for and the release of records requested by the FBI.

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**Print Name Signature Date**

510.420.2460 P.O. Box 3120, Oakland, CA 94609 www.crisissupport.org