



# CRISIS SUPPORT SERVICES of Alameda County

Thank you for your interest in volunteering as a Clinical Supervisor with Crisis Support Services of Alameda County (CSS). We began as a nonprofit, volunteer-based crisis intervention and suicide prevention agency in 1966. Since then, we have grown and provide a variety of mental health services to a wide range of persons in varying degrees of crisis.

Our primary mission is to assist people in emotional distress, to offer supportive counseling to those in crisis and to prevent suicide.

The Grief Counseling Program provides up to 20 grief counseling sessions for those suffering the loss of a loved one. CSS specializes in traumatic or sudden loss due to suicide, homicide and accidental death.

The Counseling Services for Older Adults Program offers in-home counseling to socially isolated, home-bound older adults living in North and Central Alameda County who otherwise would not have access to mental health services. Older adults who are able to come on-site receive counseling in our North Oakland office.

School Based counseling is provided to students from elementary through high school at schools throughout Alameda County

Counselors answering our 24-Hour Crisis Line provide suicide prevention and crisis counseling to over 60,000 callers each year.

Clients served by each of these programs represent a broad spectrum in terms of age, ethnicity, and socio-economic backgrounds.

As a supervisor, you will have wonderful support and training which typically begins with a tutorial, and regular consultation. Nancy Fuller Hebble, Ph.D. facilitates our supervisors' meetings where clinicians receive training, support and consultation regarding their work with our trainees and interns. Some of our supervisors have been with us for many years and some started at CSS as practicum students and have returned to supervise.

Licensed mental health professionals make a one year commitment to supervise one of the agencies mental health counselors working in any combination of 4 clinical areas: 24-hour crisis line; grief counseling; school based counseling and geriatric mental health counseling.

If you would like to become a volunteer Clinical Supervisor with CSS, please complete the following application and return it along with a copy of your current license, malpractice insurance, resume and certificate of completion of six hours of supervisor training.



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## VOLUNTEER CLINICAL SUPERVISOR APPLICATION

### PERSONAL INFORMATION: (Please Print or Type)

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Personal Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### LICENSING INFORMATION:

Type of License: \_\_\_\_\_ License # & State: \_\_\_\_\_ Date 1<sup>st</sup> Licensed: \_\_\_\_\_

Currently in Private Practice  Yes  No Number of Clients Currently Seen Per Week: \_\_\_\_\_

Have you completed 6 hours of Supervisor Training with CAMFT:  Yes  No (Please attach a copy)

Are you currently covered by malpractice insurance?  Yes  No (Please attach a copy)

**Previous or Current Supervision Experience**  Yes  No

Where? \_\_\_\_\_ Dates: \_\_\_\_\_

Where? \_\_\_\_\_ Dates: \_\_\_\_\_

Where? \_\_\_\_\_ Dates: \_\_\_\_\_

Special skills or certificates \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why are you interested in supervising for CSS at this time? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your goals as a volunteer supervisor with Crisis Support Services? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your previous experience as a clinical supervisor (pros and cons). \_\_\_\_\_

What kind of supervisee would be the most difficult for you to work with and why?

Describe a period of significant loss or crisis in your life. \_\_\_\_\_

<b>Please answer the following questions:</b>	<b>YES</b>	<b>NO</b>
Have you ever felt severely blue or depressed?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever seriously threatened to take you own life?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever made an actual attempt to take or end your own life?	<input type="checkbox"/>	<input type="checkbox"/>
Have thoughts of suicide occurred to you recently?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone close to you ever committed suicide?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, who was this person? \_\_\_\_\_

When did this happen? \_\_\_\_\_

How did it affect you? \_\_\_\_\_

<b>Please answer the following questions:</b>	<b>YES</b>	<b>NO</b>
Does the idea of talking to a suicidal person scare you?	<input type="checkbox"/>	<input type="checkbox"/>
Would it bother you to read or think about suicide?	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to make a one year commitment?	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_