



Mail to: Volunteer Services
1121 Gilbert Ct
Iowa City, Iowa 52240-4528
Phone: (319) 351-2726 ext. 106
Email: volunteer@jccrisiscenter.org

Volunteer Application

Date: _____

To be considered for a volunteer position with the Crisis Center of Johnson County, you must complete this entire application and sign the Authorization and Understanding on page 3. **Please note there may be a period of time between receipt of your application and the next scheduled training session before you can begin volunteering. See the Training Sessions section at the bottom of page 2 for more information.**

Applications are considered without regard to race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, associational preference, or any classification that would deprive the person of consideration as an individual. The Crisis Center affirms its commitment to providing equal opportunities and equal access to Center programs and services.

Last Name _____ First _____ Middle _____

Phone _____ Email _____

Occupation _____

Employer/School _____

If you are a student, anticipated date of graduation _____

Education: Please check all **completed**.

- High School
- Some College
- Associate Degree
- Bachelor Degree
- Graduate Degree
- Doctorate

Skills: Please check all related to past experience.

- Counseling (bereavement, crisis, suicide, etc.)
- Stockroom Management
- Forklift/Electric Palate Jack Operator
- Data Entry
- Clerical/Filing
- Special Event Planning/Coordination
- Photography/Videography
- Interpretation/Language(s): _____
- Other skills: _____

Program Interest: Volunteer opportunities are listed below. A weekly, 3-hour shift is required in the Crisis Intervention & Food Bank programs. Administrative and other positions are flexible. *Please rank your areas of interest (1, 2, 3, etc).*

- ___ Crisis Intervention Program/24-Hour Crisis Line
- ___ Food Bank & Emergency Assistance Program
- ___ Administrative (clerical, data entry)
- ___ Crisis Center special events
- ___ Donation pick-ups (as needed)
- ___ Internship or Practicum

How did you hear about volunteering at the Crisis Center?

- Crisis Center's Website
- Special Event: _____
- Current/Former Volunteer: _____
- Class/Instructor: _____
- Other Website: _____
- Other Source: _____

Work/Volunteer Experience – Please list the organization, your position, duties and service dates:

1) _____

2) _____

3) _____

References: Please provide a work or volunteer reference and a personal reference.

1) Name: _____

2) Name: _____

Organization: _____

Organization: _____

Phone: _____

Phone: _____

Your relationship: _____

Your relationship: _____

APPLICATION PROCESSING: After this application has been received, three additional steps must be completed:

1) an in-person interview with a program representative, 2) a national criminal background check, and 3) successful completion of all training components.

TRAINING SESSIONS: Due to the nature of our services, TRAINING IS REQUIRED for all Crisis Center volunteers. Requirements for the Crisis Intervention and Food Bank programs are listed below and sessions are scheduled at set time periods during the year. Administrative volunteer training is scheduled on an as-needed basis. Special event volunteers typically receive on-site training the day of the event. **Please note there may be a period of time between receipt of your application and the next scheduled training session before you can begin volunteering.**

There are three sessions of the Crisis Intervention training program, beginning in February, June and September each year. Spring and fall trainings include seven 3.5-hour weekly evening sessions plus one Saturday session, as well as mentoring shifts scheduled with a current 24-Hour Crisis Line volunteer. The summer session is condensed into several full days of classroom time plus regular mentoring shifts.

Food Bank basic training is held four times a year, typically scheduled in February, June, September and December. It includes one 4-hour session, usually scheduled in the evening. Additional training is required for some Food Bank volunteer positions.

BACKGROUND CHECK NOTIFICATION: To guarantee the safety of our environment, a national criminal background check is mandatory. Traffic and non-violent convictions do not necessarily disqualify your application. All requested information below is required to conduct the background check. If omitted, this application cannot be processed. The Crisis Center's cost to complete a check is \$8.50. Donations to help cover this cost are appreciated, but not required.

Birthdate: ____/____/____ Social Security Number: ____ - ____ - ____ Gender: M F

Current Address/City/State/Zip: _____

Permanent Address (if different): _____
Include city, state, and zip code

APPLICANT'S STATEMENT (Authorization and Understanding)

I represent that the answers and information given by me in this application are true and complete. I authorize the Crisis Center to verify the information I have provided and to make any investigation of my background deemed necessary.

I understand that the types of investigations which the Crisis Center may perform include reference checks and a criminal background check. I understand that I may have to provide further information to assist in these investigations.

I understand that if, during the background check process, an unfavorable result occurs, I may be disqualified as an applicant. I also understand that I will be notified of the result and be given the name and address of the reporting agency.

In consideration of my volunteer placement, I agree to complete all training requirements, conform to the rules and policies of the Crisis Center, and sign an agreement to uphold confidential information.

This volunteer application shall be considered active for sixty (60) days. If I wish to be considered for a volunteer position after that time period, I understand that I must inquire at that time whether or not applications are being accepted. I acknowledge that the security of my personal information is important to the Crisis Center and that this form will be kept in locked safe for one year from the date of receipt and then destroyed.

My signature below indicates that I have read and understood the above paragraphs.

Signature of Applicant _____

Printed Full Name of Applicant _____

Date _____



The Crisis Center is a proud partner agency of the United Way of Johnson County

For Internal Use Only:

Date Received _____ Application Signed Background Information Complete

Date Forwarded to Program Coordinator _____

Notes _____