



(Please print, complete and mail to P.O. Box 12724, Tamuning, Guam, 96931 or e-mail to [patricia.mafnas@mail.dmhsa.guam.gov](mailto:patricia.mafnas@mail.dmhsa.guam.gov))

**Crisis Helpline  
Crisis Worker Application**

(All information supplied will remain confidential)

Crisis Worker Volunteer Objectives: provide immediate telephone response to help persons in any type of crisis; including suicide, rape, family violence, sexual conflicts, etc. Also, refer persons with mental health problems to appropriate community resources, including social service agencies.

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

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ School: \_\_\_\_\_

School Address (include ZIP code): \_\_\_\_\_

Current Grade: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Are you volunteering for School Credit or Community Service Hours? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the class? \_\_\_\_\_

Teacher/Sponsor's Name: \_\_\_\_\_

When is the best time to reach you? \_\_\_\_\_

Have you/do you volunteer elsewhere? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of Organization(s): \_\_\_\_\_

Date(s) you volunteer(ed): \_\_\_\_\_

Position/Task: \_\_\_\_\_

## **Personal Information**

1. Have you ever been involved in the Judicial System? (If yes, please describe):
2. Are there health concerns or physical challenges that may impact your volunteer commitment?  
If yes, please describe:
3. Do you currently use alcohol, drug or chemicals?    Yes \_\_\_\_\_    No \_\_\_\_\_

How have drugs/alcohol/chemicals influenced your life?

4. In what ways do you handle Stress?

What, &/or who, do you consider to be your 'support system?'

What would you consider to be the most difficult experience you've faced so far?

How were you able to manage it?

5. Have you been therapy or counseling?    Yes \_\_\_\_\_    No \_\_\_\_\_  
If yes, please explain (when, how long, for what reason, outcome)

## **Personal Values**

Our callers come from various cultural, social, ethnic, and religious backgrounds. Their belief system, values and ideas may be different than yours. Options or alternatives the caller may find acceptable may not be acceptable to you. Please elaborate on each question and feel free to use an additional sheet, if necessary.

1. How would you feel talking with a gay, lesbian, bisexual or transgender caller?
2. How would you feel about discussing sexual issues& or concerns? Would you feel comfortable Talking about these issues with a caller of the opposite gender?
3. What is your opinion of people who are 'chronically negative' and don't seem to want to change?
4. What kind of 'experience' do you anticipate from the Helpline training?
5. Why have you chosen to volunteer with YFYLG? (include expectations, positive qualities, or Concerns).

### **Crisis Worker Job Description**

Time: volunteer at least 12 hours a month for the first six months, including one Friday or Saturday shift a month, for the first six months. After six months, 2 shifts per month are required.

#### **Position Requirements:**

- Must be between 16 to 24 years old
- Must have the ability to distinguish one's own beliefs and values from those of the caller
- Should be able to communicate well, accept supervision and develop appropriate working Relationships
- Successful completion of the training program

#### **Position Responsibilities:**

- Consistent and proficient implementation of skills when scheduled on the Helpline
- Be punctual and responsible for self-scheduled shifts – finding a replacement when unable to fill shift
- Commit to 4 hour shift per week, including one Friday and Saturday shift a month, for the first six months. After six months, 2 shifts per month are required.
- Respect and maintain confidentiality of callers
- Attend all volunteer meetings and quarterly In-Service Trainings, to increase necessary knowledge to assist on the Crisis Helpline

### **Volunteer Declaration**

I have completed this application in all truthfulness. I understand the position requirements and am prepared to accept the position responsibilities. I understand that volunteering with YFYLG is a serious commitment of time, energy and ability. I am prepared to accept these responsibilities and will perform the duties of Crisis Worker to the best of my ability.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Your Crisis Worker application will only be considered when YFYLG receives the Parental Consent Form from applicants below age 18.