



## Peer Support Centre Volunteer Application Form 2014

Please fill out this form and return it to the Peer Support Centre (by email or drop off at the centre, located at 2-707 SUB). The deadline for applications is **August 1st, 2014** however, since spots fill up quickly, it is recommended that you hand in your application as soon as possible. Thank you for your interest in volunteering with us!

Our **mandatory training** is tentatively scheduled for the following dates.

	Date	Time
Day 1	Sunday August 24	11-5 pm
Day 2	Tuesday August 26	6-9 pm
Day 3	Thursday August 28	6-10 pm
Day 4	Saturday August 30	10-3 pm
Day 5	Sunday September 31	10-3 pm
Day 6	Tuesday September 2	6-9 pm
Day 7	Thursday September 4	6-9 pm
Day 8	Saturday September 6	10-3 pm

**\*\*All dates and times are mandatory.** A lot of material is covered so we are unable to accept applicants who cannot attend all sessions in full.

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

Name: \_\_\_\_\_ Preferred Name (if different than first name): \_\_\_\_\_

First

Last

Date of Birth: \_\_\_\_\_  
Year Month Day

Are you a U of A student? \_\_\_\_\_ Faculty/Year \_\_\_\_\_

Telephone: \_\_\_\_\_ (Home) E-mail: \_\_\_\_\_  
\_\_\_\_\_ (Cell) Mailing Address : \_\_\_\_\_

How did you learn about our volunteer recruitment?

☐ Classroom presentation ☐ Word of mouth ☐ Poster/billboard ☐ Other : \_\_\_\_\_

Have you previously volunteered with the Peer Support Centre?

Yes ☐ No ☐ If yes, when? \_\_\_\_\_

Have you previously applied, interviewed or trained with the Peer Support Centre?

Yes ☐ No ☐ If yes, when? \_\_\_\_\_

Have you volunteered previously with any other supportive listening agency?

Yes ☐ No ☐ If yes, when and with which agency?  
\_\_\_\_\_

### Volunteer Experience

Date	Organization	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Work Experience

Date	Organization	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any specialized courses/training you think would be applicable:

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What other major time commitments do you have? (How many classes, job, other volunteer positions?)

Other relevant skills or experiences:

Please explain your reasons for wanting to volunteer with the Peer Support Centre. What do you hope to get from your experience? What qualities and skills will you bring the service?

When you think of the following issues, what major **feelings** come to mind for you? These can include your own reactions, or how you would imagine someone experiencing these situations might feel. Please note that there are no right or wrong feelings. Please list 3-5 feelings for each.

Family Violence: \_\_\_\_\_

Suicide: \_\_\_\_\_

Sexual Assault: \_\_\_\_\_

Child Abuse: \_\_\_\_\_

Substance Abuse: \_\_\_\_\_

Mental Illness: \_\_\_\_\_

Abortion: \_\_\_\_\_

Homosexuality: \_\_\_\_\_

The following factors need to be considered when applying to volunteer with the Peer Support Centre. Again, there is no right or wrong answer; we are simply interested in your experience with difficult life circumstances. Please answer yes or no to each question below:

I have experienced a major loss or life event in the last year.

Yes ☐ No ☐

If yes, describe briefly: \_\_\_\_\_

I have a health condition that can be made worse with stress.

Yes ☐ No ☐

If yes, describe briefly \_\_\_\_\_

I have attempted suicide in the past.

Yes ☐ No ☐

If yes, when? \_\_\_\_\_

I have lost someone close to me to suicide.

Yes ☐ No ☐

If yes, when? \_\_\_\_\_ Relationship: \_\_\_\_\_

I can understand that someone may feel suicidal when the pain they are experiencing becomes overwhelming

Yes ☐ No ☐

Further comments: \_\_\_\_\_

I am currently seeking mental health care.

Yes ☐ No ☐

I am comfortable/willing to provide referrals and information on abortion upon client request

Yes ☐ No ☐

I have been convicted of an indictable offense.

Yes ☐ No ☐

If yes, what offense and when? \_\_\_\_\_

I am willing to submit to a criminal record check.

Yes ☐ No ☐

I am willing to volunteer with the Peer Support Centre for at least one academic year.

Yes ☐ No ☐

I am able to attend **all** of the mandatory training dates

Yes ☐ No ☐

If uncertain, when will you know if your schedule will allow you to attend training? \_\_\_\_\_

I certify that the statements provided by me are true and accurate to the best of my knowledge. I understand that any falsification of this application will result my disqualification as a potential volunteer for the Peer Support Center.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## References

References must be notified in advance of our call. Please provide the names of two business, education or volunteer related references.

1. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone#: \_\_\_\_\_
  2. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone#: \_\_\_\_\_
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**Time Commitment:** Volunteering with the Peer Support Centre is a considerable time commitment. Mandatory training is approximately 30 hours. If training is successfully completed, volunteers sign on to a year long contract, where hours range from 15-20 hours per month. This volunteer position is not for everyone (or everyone's schedules!) so please take the time to consider the overall time commitment before applying. The breakdown of hours is as follows:

- 3 hours/week → shift room time
- 3 hours/month → ongoing role plays
- Minimum 2 hours/month → team time
- Attendance of 2 Professional Development sessions per semester

**Interviews:** Please note that this application is structured in a way to gauge applicants' values, and determine if they are in line with that of the PSC. If they are not, that's okay, it just isn't a good fit to volunteer within the service at this time. That said, **only selected applicants will be contacted to arrange an interview.**

**Please note** we will only begin to contact applicants for interviews in **May 2014.**

Thank you for applying ☺