



Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Pager \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Driver's License \_\_\_\_\_ Exp. Date \_\_\_\_\_ SS# \_\_\_\_\_

Car Insurance Name \_\_\_\_\_ Policy \_\_\_\_\_

Occupation/Position/Title \_\_\_\_\_

Employer \_\_\_\_\_

Direct Supervisor \_\_\_\_\_

Employer Address \_\_\_\_\_

\_\_\_\_\_

Employer Phone \_\_\_\_\_

Date of Onset of This Employment \_\_\_\_\_

Highest Degree Obtained \_\_\_\_\_ Year \_\_\_\_\_

College/University \_\_\_\_\_

Field of Study \_\_\_\_\_

Have you ever been arrested?                      Yes                      No

If yes, please describe \_\_\_\_\_

\_\_\_\_\_

Please describe any prior volunteer experience \_\_\_\_\_

\_\_\_\_\_



Do you have any medical problems or physical disabilities that might interfere with your ability to function as an on-call, on-site, Crisis Intervention Counselor?      Yes      No

If yes, please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been treated in a hospital for psychological problems?      Yes      No

Are you currently taking any medications which might impair your ability to drive or otherwise respond to crisis calls?                      Yes                      No

If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

Have you ever been involved in a traumatic incident, such as a fire, assault or major collision?                      Yes                      No

If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

Where did you hear about the program? Please list the specific source \_\_\_\_\_  
\_\_\_\_\_

Personal References, non-family members whom you have known for more than two years

_____	_____
Name	Phone
_____	_____
Name	Phone

***ALL COUNSELORS*** must be fingerprinted (to be arranged through TMCC) and provide a letter of good health from their physicians prior to going out on call.

