

Distress Centre Volunteer Application

Please put your needs first, if you are currently experiencing, or have recently experienced a stressful life event, please place your need for support above the desire to give your support to others at this time.

Please email your completed application to– dcvolunteer@dslg.ca

Please Print

Date:	
Last Name:	First Name:
Address:	P.O Box:
City:	Province:
Postal Code:	Telephone:
Cell:	Email:
Name of Emergency Contact:	
Relationship:	Phone Number:
Do you have any allergies/special needs we need to be aware of?	
How did you hear about us?	
Educational background:	
Current/previous volunteer experience:	

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Reason for choosing the distress centre:
What skills, abilities or life experiences do you have to offer:
What are your expectations in volunteering with the distress line:
How many shifts do you think you could commit to a month? <input type="checkbox"/> One Shift <input type="checkbox"/> Two Shifts <input type="checkbox"/> Three Shifts
Are you able to complete the early and late shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No
Would you be willing to commit to? <input type="checkbox"/> 6 Months of Service <input type="checkbox"/> One Year of Service
A police record check is required for all phone line volunteers. Do you consent to obtain a police check? (Vulnerable sector check is not required) <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received a COVID-19 Vaccine? (This will not have an impact on the volunteer position) <input type="checkbox"/> Yes <input type="checkbox"/> No