

# 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 application to – [dcvolunteer@dslg.ca](mailto: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:                          |               |
|   |               |

## Distress Centre Volunteer Application

|   |
|---|
| 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  |
| Which shifts would you be available for?  |
| <input type="checkbox"/> Early Shift- 4:30-8:30pm <input type="checkbox"/> Late Shift – 8:00-12:00am <input type="checkbox"/> Both Shifts           |
| 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  |