

**Local Outreach to Suicide Survivors
1st Responder Volunteer Application**

Last Name _____ First Name _____

Street _____

City _____ State _____ Zip _____

Cell phone _____ Work phone _____

Home phone _____ E-Mail _____

What prompted you to be a volunteer for the L.O.S.S. team?

Check any of the following that may qualify you as a 1st Responder:

Survivor of Suicide (Affected by loss of a loved one to suicide)

Relationship _____ Month /Year _____

Mental Health Professional

Clergy / Faith Based Support

Other Experience _____

The volunteer commitment requires a significant investment of your time and energy.

Training 6-10 hours over the course of 2 meetings; On call availability to respond to a scene and complete debriefing for approximately one week every 6-8 weeks; minimum 6 month commitment; and quarterly team meetings. We understand there may be times during your on-call week that you are not available due to other commitments. Do you have any activities that might affect your ability to fulfill your volunteer commitment?

What coping skills do you use to relax or handle stressful situations?

REFERENCES

L.O.S.S. follows rules and regulations governing fair employment/volunteer practices. As a volunteer applicant, your right to privacy shall be respected. The results of inquiries made in connection with your application for volunteering shall be treated in confidence by the organization.

Please provide us with two references: one having to do with your employment, volunteer work or academic history; and one from someone who knows you well, personally (but not a relative).

Let us know the preferred way to contact them.

Name _____ E-mail _____

Phone _____ Best time to call _____

Street _____ City _____ Zip _____

Relationship _____

Name _____ E-mail _____

Phone _____ Best time to call _____

Street _____ City _____ Zip _____

Relationship _____

We will contact your references after your interview, so please let them know they may be receiving an e-mail, call or letter from us. Please read the following authorization carefully before signing.

I authorize the references listed above to give L.O.S.S. any and all information concerning my acquaintance with this reference, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing or receiving this information.

Your signature _____ Date _____

Please send this application to: franklincountylossteam@gmail.com