

VOLUNTEER CRISIS SUPPORTER APPLICATION FORM

1. Personal Details						
Surname:						
Given Name(s):						
Preferred Name:						
Address, Suburb, Postcode:						
Mobile Phone:				Home Phone:		
Email:						
Date of Birth:						
2. Emergency / Next of Kin Contact Details						
Surname:						
Given Name(s):						
Address, Suburb, Postcode:						
Mobile Phone:				Home Phone:		
Relationship:						
3. Employment Details						
Employment Status: (Please circle)	Full Time	Part Time	Casual	Seasonal	Retired	Not currently working
If working, current hours and days worked:						
If working, employer name:						
4. Qualifications						
Level of study completed:						
Course / Major:						
Current Study (if any): (Please circle)	Full Time			Part Time		
Course / Major:						
5. General						

<p>Have you ever worked for or been a volunteer for Lifeline Gippsland? <i>If Yes, please give details:</i></p>	<p>Yes / No</p>
<p>Have you ever previously applied to be a volunteer Crisis Supporter with Lifeline Gippsland or been accepted into the CSWT training? <i>If Yes, please give details (including dates):</i></p>	<p>Yes/No</p>
<p>Do you know anyone who is either currently a volunteer Crisis Supporter with Lifeline Gippsland or has applied to become a volunteer Crisis Supporter? <i>If yes, please list their name:</i></p>	<p>Yes/No</p>
<p>Have you or are you currently volunteering for any other organisations/community groups? <i>If yes, please provide details:</i></p>	<p>Yes/No</p>
6. Personal	
<p>What are some personal qualities and skills you have which would make you an effective crisis supporter?</p>	
<p>List three ways in which you anticipate being a volunteer crisis support worker may benefit you personally / professionally?</p>	
<p>Briefly describe one of your own life experiences that's taught you something about yourself.</p>	
<p>What did you find most difficult about the experience?</p>	

What, if anything, did you learn from it?

How do you think this experience could benefit you as a crisis supporter?

Do you have any injuries, diseases, or conditions (e.g. visual impairment, limited mobility) which might impact your ability to work as a volunteer? Yes / No
 If yes, please provide details including how we may support you:

Please specify any additional information about special circumstances that may have a bearing on your application (e.g. length of commitment, transport difficulties etc.):

7. Commitment

Student Accreditation Requirements:

- Phase 1 – 67 hours over 3 months
- Phase 2 – 23 hours over 2 months
- Phase 3 – 80 hours over 7 months
- Criminal Record Check*
- Working with Children’s Check*

Annual Accreditation Requirements:

- Minimum 92 logged in hours
- Minimum 8 hours professional development per year
- Regular supervision and call coaching
- Criminal Record Check every two years*
- Working with Children’s Check every 5 years*

*These are at no cost to you.

How do you see all the above fitting into your personal / professional schedule?

8. Reference

Please provide the email addresses of two referees who will receive a short questionnaire requesting support for your application.

Referee 1

Referee 2

Please discuss this with your referees prior to submitting your application so they can provide a timely response. Your application will not progress until this has been received.

9. Statement

I certify that the information provided is true and correct and that I have not knowingly provided any false or inaccurate information.

I also have read the CSWT Pre-enrolment Course Information document as provided by Lifeline Gippsland, and I understand the commitment required both as a student and volunteer of Lifeline Gippsland.

Name:

Signature:

Date:

Please return your completed application to:

Crisis Services Team at crisis.services@llg.org.au or by mail to PO Box 678, Morwell, 3840.