

**APPLICATION FOR TRAINING**  
**CONTACT Greater Philadelphia**  
**P.O. Box 167**  
**Richboro, PA 18954**  
**(215) 355-6611**  
www.contactgreaterphiladelphia.org

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(Ms., Mr., Mrs.) Last Name

First Name

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Home Address

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City

State

Zip Code

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Home Phone

Date of Birth

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Job Title/Occupation

Employer

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Business Address

Business Phone

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City

State

Zip Code

Email Address: \_\_\_\_\_

Hours at work: \_\_\_\_\_ Can you receive calls there? \_\_\_\_\_

Education Degree \_\_\_\_\_ Field of Study \_\_\_\_\_

Interest, skills, special talents: \_\_\_\_\_

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Why does becoming a volunteer for Contact interest you? \_\_\_\_\_

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Do you have any health problems that might interfere with your volunteering?

( ) Yes ( ) No      If yes, please explain: \_\_\_\_\_

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How did you hear about volunteering?      ( ) Friend \_\_\_\_\_

( ) Church / Synagogue \_\_\_\_\_ ( ) Media \_\_\_\_\_

( ) Agency \_\_\_\_\_ ( ) Employer \_\_\_\_\_

( ) CONTACT volunteer \_\_\_\_\_ ( ) Other \_\_\_\_\_

Have you been hospitalized for psychological reasons? ( ) Yes ( ) No

Have you ever been in therapy? ( ) Yes ( ) No

Are you in therapy now? ( ) Yes ( ) No

Have you ever been convicted of a crime? ( ) Yes ( ) No

**Please note:** answering “yes” to these questions will not necessarily jeopardize your acceptance into the training program.

**NOTE: CONTACT reserves the right to conduct a background check.**

Availability for service: ( ) Morning ( ) Afternoon ( ) Evening ( ) Weekend

Days Available: ( ) Monday – Friday ( ) Saturday ( ) Sunday ( ) Varied

Please list prior volunteer experience: \_\_\_\_\_

Please list two (2) references:

\_\_\_\_\_  
(1) Name Phone Number

\_\_\_\_\_  
Address Relationship

\_\_\_\_\_  
(2) Name Phone Number

\_\_\_\_\_  
Address Relationship

**ALL INFORMATION IS HELD IN CONFIDENCE  
AND AVAILABLE ONLY TO CONTACT STAFF**

**PLEASE READ AND SIGN BELOW:**

I have read the Statement of Policy and Standards for Volunteer Applicants of CONTACT including standards set by CONTACT. I am aware of your work and objectives, and if accepted as a volunteer I will adhere to your policies. I understand that this is an application for training only. Evaluation at the completion of training will determine whether or not I will be accepted into volunteer service. I am willing to commit my services for a minimum of eight (8) hours a month.

We have found that people who have suffered a traumatic event need about a year to recover and participation in training is optimal after that period. Decisions may be reached on individual basis.

I hereby certify that the foregoing statements are true and correct. I understand that CONTACT may consider any false statement on this application sufficient cause for rejection of this application or subsequent dismissal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date