

Sahas Volunteer Application Form

Thanks for your interest in volunteering for Sahas Helpline. We appreciate you taking the time to share your personal information and experiences with us. Your information is protected under the Personal Information Protection Act.You will be contacted for an interview if we find you are the right fit after reviewing your application.

1. Full Name

2. Address (Street address, City, Province, Country, Postal Code)

3. Phone Number

4. Email address

5. Birthdate (MM/DD/YYYY)

6. Avalaibility

| Days | Morning | Afternoon | Evening |
|-----------|---------|-----------|---------|
| Monday | | | |
| Tuesday | | | |
| Wednesday | | | |
| Thursday | | | |
| Friday | | | |
| Saturday | | | |
| Sunday | | | |
| | | | |

7. Tell us a bit about yourself.

8. Education/Related Training Experience

| Education/Training | School/Organization | Start Date-End Date |
|--------------------|---------------------|---------------------|
| | | |
| | | |
| | | |

9. Volunteer/Work Experience

| Position Title | Organization | Start Date - End Date (MM/DD/YYYY format) |
|----------------|--------------|----------------------------------------------|
| | | |
| | | |
| | | |
| | | |

10. References(please provide minimum two references, one being work-related

| Refree Name | Relation | Contact Number / Email |
|-------------|----------|------------------------|
| | | |
| | | |

11. Why are you interested in volunteering with the helpline? What do you hope to gain from this experience?

12. What is effective communication? What are your strengths in communicating with others? What do you struggle with when it comes to effective communication?

13. What does empathy mean to you?

14. Describe a situation where you helped someone in crisis. What did you do to help?

15. Have you ever known anyone closely who was suicidal? What was their relationship to you?

16. Are you currently dealing with a stressful situation? Please share. How do you cope with stress?

17. Are you aware of any personal triggers that may interfere with your ability to help on the helpline?

18. Do you have any medical conditions that we should be aware of?

19. What other commitments (Professional or personal) do you have currently?

20. Are there any time periods that you know of that may interfere with you fulfilling your training commitment or your volunteer commitment?

Thankyou for taking the time to complete this application. Please email your application to **kjagdeo@sahascommunityservices.com**