



**Crisis Intervention Training Application**

I am applying for:  Spring Training       Fall Training       Bilingual Training

Name: \_\_\_\_\_ Phone Day: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Do you have a valid driver's license      \_\_\_ Yes      \_\_\_ No

Drivers License Number: \_\_\_\_\_

Have you or are you currently volunteering for a rape crisis center or domestic violence?

\_\_\_ No \_\_\_ Yes      Name of Agency: \_\_\_\_\_

Length of Service \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Have you been convicted of a **felony**? \_\_\_ **YES** \_\_\_ **No** If yes, please explain and give dates

\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:** Provide three (3) references in Southern California. Include reference's name and phone number.

1.) **Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

2.) **Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

3.) **Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

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1) Why do you want to volunteer for Peace Over Violence?

2) Why do you want to volunteer as a crisis counselor/Advocate?

3) What skills/experience will you bring to the programs? (No prior counseling experience is required.)

4) What would you like to gain from the experience?

5) Describe a stressful situation in your life and how you handled it.

6) Can you commit to TWO training sessions per week one Weekday Wednesday (6:30-9:30pm)  
A N D Saturday (9:00am-5:00pm) training times for the duration of training? **(REQUIRED)**

YES

NO

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7) After Training, can you commit to 12 consecutive months on the accompaniment and hotline programs?  
 (See information in this packet for specific details about the commitment.)

YES  NO

8) How/where did you learn about Peace Over Violence?

9) Optional – (Check all of the following that apply) I am:

- African-American/Black       Latina       Pacific Asian     Caucasian/White
- Native American       Other Ethnicity \_\_\_\_\_       Deaf
- Physically Disabled

10) Do you speak a language other than English that you feel comfortable counseling in? What Language(s)?

\_\_\_\_\_

11) Optional – Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

12) You will be asked near the end of training for a commitment to one shift per week. What times would you possibly have available? Check as many as are appropriate. **(NOTE: All Shifts Are Not Guaranteed Available.)**

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
7am - 11am							
11am - 3pm							
3pm - 7pm							
7pm - 11pm							
11pm - 7am							

**Note: Please make a copy of your completed application for your files**

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