

CRISIS SERVICES OF NORTH ALABAMA, INC.
VOLUNTEER APPLICATION
P.O. Box 368, Huntsville, AL 35804
FAX: 256-716-0663
Voice: 256-716-4052

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Birthdate: _____ Sex: _____ Marital Status: _____

Name of Spouse: _____

Education (indicate number of years): High School _____ College _____ Other _____

If you are a current student, list school: _____

Graduation Date: _____ Major: _____

Current occupation: _____

Employer: _____

Give the names and addresses of two people (**not family members**) who know you well and would be willing to recommend you for a volunteer position.

Name	Mailing Address, City, Zip	Phone #	Relationship
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Give the name and phone number of a person we may contact in the event of an emergency.

There is a \$10.00 fee to cover the cost of training materials. This will be refunded to you in the event you do not take the training.

If accepted, I agree to maintain anonymity when necessary, respect the confidentiality of the clients and attend required training sessions.

Signature: _____ Date: _____