



Local Outreach to Suicide Survivors (LOSS) Volunteer Application

Last Name _____ First Name _____
Street _____
City _____ State _____ Zip _____
Cell phone _____ Work phone _____
Home phone _____ E- Mail _____

What prompted you to be a volunteer for the LOSS Team?

Check any of the following that may qualify you as a LOSS Team volunteer:

Suicide Survivor (Affected by loss of a loved one to suicide)

Relationship _____ Month /Year _____

Mental Health Professional

Clergy / Faith Based Support

Other Experience _____

The volunteer commitment requires a significant investment of your time and energy. The initial training is a one-day course and there are mandatory meetings and additional trainings required. On-call availability to respond to a scene is required and you agree to debrief after going on-scene. A minimum of one-year commitment is required. For these reasons, please circle your general availability.

Sunday Morning	Monday Morning	Tuesday Morning	Wednesday Morning	Thursday Morning	Friday Morning	Saturday Morning
Sunday Afternoon	Monday Afternoon	Tuesday Afternoon	Wednesday Afternoon	Thursday Afternoons	Friday Afternoon	Saturday Afternoon
Sunday Evening	Monday Evening	Tuesday Evening	Wednesday Evening	Thursday Evening	Friday Evening	Saturday Evening

What strengths do you have that would be beneficial to you as a LOSS Team volunteer?

Are there any limitations that may restrict your involvement as a LOSS Team volunteer?

Languages (other than English) spoken fluently?



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What are some of your interest/hobbies?

What coping skills do you use to relax or handle stressful situations?

Circle which LOSS Team positions you would like to volunteer for:

- | | | |
|--------------------|----------------------|-----------------------------|
| Delayed Calls | Answering LOSS Phone | Administrative Task |
| On Scene Calls | Run for Life | Suicide Awareness Coalition |
| Community Outreach | Peppers & Piñatas | Fundraising Events |

References

LOSS Team follows rules and regulations governing fair employment/volunteer practices. As a volunteer applicant, your right to privacy shall be respected. The results of inquiries made in connection with your application for volunteering shall be treated in confidence by the organization.

Please provide us with two references: one having to do with your employment, volunteer work, or academic history; and one from someone who knows you well, personally (but not a relative). Let us know the preferred way to contact them.

Name _____

E-mail _____

Phone _____ Best time to call _____

Street _____ City _____ Zip _____

Relationship _____

Name _____

E-mail _____

Phone _____ Best time to call _____

Street _____ City _____ Zip _____

Relationship _____



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We will contact your references after your interview, so please let them know they may be receiving an e-mail, call, or letter from us. Please read the following authorization carefully before signing. I authorize the references listed above to give LOSS Team any and all information concerning my acquaintance with this reference, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing or receiving this information.

Your signature _____ Date _____

Please send this application to:

LOSS Team Coordinator
3136 W. 4th Street Ft Worth, TX 76107
Email: LOSSTeam@mhatc.org
Phone: 817-733-9123
Fax: 817.810.3230