HOPELINE VOLUNTEER REFERENCE FORM

HopeLine, Inc. has been providing free, confidential, and caring crisis intervention, suicide prevention and referral services to the community for over 30 years. Our services are made possible by dedicated staff, contributors, and volunteers.

Individuals 18 and older are eligible to volunteer on the 24-hour Crisis Line/Teen TalkLine upon completion of a 40 hour training class. During the training, individuals are taught active listening techniques and are exposed to a variety of topics, including mental illness, family violence, substance abuse, and suicide. New volunteers are asked to commit to at least 12 hours of service per month for at least 9 months after training.

Our 24-hour Crisis Line volunteer training requires a large commitment of time and energy. Therefore, it is important that we obtain a complete and accurate view of potential volunteers' qualifications.

INSTRUCTIONS FOR COMPLETING THIS FORM: References should be from non-related individuals who have preferably supervised the applicant in some capacity. Please fill this form out fully and to the best of your knowledge regarding the applicant. If you are unable to provide certain information, please mark N/A in the space. Upon completion of the questions below, please place the form in an envelope, sign your name across the seal, and either return it to the applicant or mail it directly to our business office, c/o Training Coordinator, PO Box 10490, Raleigh, NC 27605-0490. All information provided on this form will be kept confidential. If you have any questions or concerns and wish to speak to the Training Coordinator directly, please call our Business Office at (919) 832-3326. By completing this form, you are accepting that HopeLine, Inc., maintains the right to contact you regarding the applicant. Thank you for your assistance.

Applicant Information

First Name | **MI** | **Last Name**

Your Information

First Name | **MI** | **Last Name**

Street Address

City | **State** | **Zip Code**

Home Phone Number | **Work / Cell Number**

How long have you known the applicant?

What is your relationship to the applicant?

What qualities will make this person effective when working with people in crisis?

What do you perceive as the applicant's major strengths?

What do you perceive as the applicant's major limitations?

Please rate the applicant in the following areas, with 1 being low and 5 being high:

	1	2	3	4	5	?		1	2	3	4	5	?
Dependability	○	○	○	○	○	○	Non-judgemental	○	○	○	○	○	○
Confidentiality	○	○	○	○	○	○	Sensitivity to needs of others	○	○	○	○	○	○
Open-mindedness	○	○	○	○	○	○	Punctuality	○	○	○	○	○	○

Is there anything else you feel we should know about this applicant?

Do you feel comfortable recommending this applicant to perform active listening on the Crisis Line/Teen TalkLine?

☐ Yes
☐ No

Please explain...

Thank you for taking your time to carefully complete this reference form for the applicant. Please remember to place this form in a sealed envelope with your signature across the seal. Also note that we may contact you to follow-up on this reference form and may ask you to discuss some of your comments. Thank you!

Additional Comments: