

# PROSPECTIVE VOLUNTEER LISTENER APPLICATION

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Check Highest Level of Education Achieved:     High School     College     Post-Graduate

Marital Status: \_\_\_\_\_

Volunteer/Recreational Activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where did you hear about COPE? \_\_\_\_\_

\_\_\_\_\_

Do you have a diagnosed hearing problem? \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_

## Volunteer Commitment Please read carefully:

- Attend mandatory **10 hours** of training
- **6 – 8 hours of listening** with an experienced **COPE** volunteer or staff member
- Upon completion of training a **one year commitment of 2-4 hours a week**/within the hours of 9 am - 9 pm, Monday through Thursday and Friday 9 am-5 pm.
- Attend in-service sessions scheduled by COPE staff members. (2-3 a year)

*I certify that the foregoing answers and information are correct and complete. I acknowledge that any false or misrepresentations of the information provided on this interview form could result in the dismissal as a COPE volunteer. I understand and give permission to COPE to conduct a confidential criminal background check as a condition of my acceptance as a COPE volunteer. If I am accepted as a volunteer I agree to all conditions and policies of COPE that do now, or may exist in the future.*

Certified by signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### For Office Use Only

Accepted     Unsure     Do Not Accept    Interviewers: \_\_\_\_\_

Criminal Background Check Complete   

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_