

How did you learn about the CONTACT TeenLine Program?

Why do you wish to volunteer as a peer listener on the TeenLine?

Are you willing to commit to the required training course and six months of volunteer service serving two 2-hour telephone shifts a month? _____

List name and phone number of two (2) references:


Name: _____ Phone: _____

Name: _____ Phone: _____


List two (2) emergency contacts:

Name	Relationship	Phone
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	_____	_____
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	_____	_____
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PARENT/ GUARDIAN PERMISSION

 *This box must be completed with signature BEFORE a volunteer can begin their experience.*

My child, _____, has my permission to volunteer his/her time with the CONTACT TEENLINE Program. I understand that he/she will be required to take a training class totaling twenty (20) hours and be asked to commit to two 2-hour shifts a month. I have reviewed and agree with all the information presented in this Application.

Parent/Guardian Signature: _____

Date: _____

 PLEASE READ CAREFULLY AND SIGN THE STATEMENT BELOW

Realizing that confidentiality is the cornerstone of the CONTACT program, I agree that I will keep in strict confidence any information that should come to me during training sessions. I agree that I may be asked to withdraw from training at any time. I acknowledge that I may resign from training at any time. I also agree that in the event of my withdrawal or resignation, I will keep confidential any and all information I know related to the work of CONTACT.

Date

Signature

 **Please return this application along with a \$10.00 training fee to cover cost of materials to:
Sandi Capano, CONTACT TeenLine Director, Post Office Box 333, Moorestown, NJ 08057
Phone: 856-234-5484, ext 214 Email: scapano@contactburico.org**

May 2013