



**Thank you for your interest in volunteering with CCY!**  
**Please fill out this application to the best of your ability. If you don't have answers or experience in your areas of interest, don't worry –CCY is happy to mentor and share our skills with motivated volunteers. The most important skill a volunteer can bring to our agency is a passionate commitment to improving and empowering the lives of California's youth.**

## CCY VOLUNTEER APPLICATION FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Preferred Gender Pronoun: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Best time to call: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

**Please check your interest areas:**

|                                                                                                                                                              |                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Direct Service Opportunities*:</b></p> <p>_____ Crisis Counselor</p>                                                                                   | <p><b>Outreach and Administration Opportunities:</b></p> <p>_____ Community Outreach/Education</p> <p>_____ Youth Advocacy</p> <p>_____ Office Support</p> |
| <p><b>Hours Available Per Month?</b> _____</p>                                                                                                               | <p><b>Length of expected volunteer service?</b> _____</p> <p><small>A 12 month commitment is preferred for direct service</small></p>                      |
| <p><small>* Please note all direct service volunteers will be required to complete a criminal background check and complete 40 hours of training</small></p> |                                                                                                                                                            |

**Briefly answer the following questions:**

1. How did you hear about CCY?

\_\_\_\_\_ Internet      \_\_\_\_\_ Outreach Event      \_\_\_\_\_ Advertisement

\_\_\_\_\_ Phonebook      \_\_\_\_\_ Friends/Family      \_\_\_\_\_ Other\*: \_\_\_\_\_

\*Please specify

2. What is most interesting or exciting to you about volunteering for CCY?
  
3. What do you hope to accomplish as a volunteer?
  
4. What strengths/skills can you bring to CA Youth Crisis Line and CCY?
  
5. What languages do you speak fluently?
  
6. What personal or professional skills are you hoping to develop at CCY?
  
7. Please list any computer programs you have experience with:
  
8. CCY operates with a number of core values such as empowerment and community. How do these values complement your own?
  
9. CCY actively examines crisis intervention counseling and prevention of crisis. We believe that by partnering with youth, linking with youth-serving programs, advocating for youth rights, connecting youth to resources and educating communities, we will improve and empower the lives of youth in California. Part of our work at CCY includes identifying and interrupting racist, sexist, homophobic, and other oppressive remarks. We provide information about active listening and we practice non-judgment as part of the volunteer training. Please tell us how you feel about learning and acting on this information, and practicing this as part of your life:

10. What prior experience do you have with outreach, community organizing, teaching, or public speaking?

11. Please list previous volunteer or work experience. Please note that no previous experience is required:

12. What are some issues that youth in crisis may be dealing with?

13. Describe how you can support someone who is in crisis.

14. Have you ever experienced any form of crisis (yes or no)? Where are you in the healing process?



CCY is required by law to complete a background check for all prospective volunteers.

1. Have you ever been charged or convicted of a crime? \_\_\_\_\_ If yes, please explain:

Please provide contact information for three references that can provide insight on your ability to do crisis work, who are not related to you (e.g., teacher, employer, etc.):

| Name | Mailing Address | Email | Phone Number |
|------|-----------------|-------|--------------|
| 1    |                 |       |              |
| 2    |                 |       |              |
| 3    |                 |       |              |

Please read the following and sign below:

California Youth Crisis Line Training is the third phase of the application process to become a volunteer with our agency. During Training, you will learn about our agency’s philosophy and approach to working with youth and their families, how we practice our CYCL call model in our direct service, community organizing and education.

Training provides an extended opportunity to ensure that your valuable free time will be well spent through volunteer work at CCY. We respect your right to decide that CCY may not be the place for you, and we ask that you respect our right to make the same determination.

There is an important component to volunteering for the California Coalition for Youth and the Youth Crisis Line. All staff and volunteers participate in 40 hours of training before providing direct service on the crisis line. This is an opportunity to learn and share your experience together as well as learn from professional licensed clinical therapists, social workers, and leaders in our community. We have great, informative staff meetings which provide additional training and an opportunity to get to know the fantastic staff and fellow volunteers. **We are looking for volunteers who will be able to provide at least a one year commitment to the organization.**

I understand that the coordinators of CCY have the right and responsibility to deny my application because of violent history, behaviors or beliefs that run contrary to the mission of CCY.

I hereby acknowledge that everything that I’ve disclosed on this document is true to the best of my knowledge, and that I understand the information included in the Volunteer Packet. I understand that I will be working with CCY personnel as a volunteer and do not hold the organization or any member of the staff responsible for accident or injury.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Thank you for taking the time to fill out this application! Please return it to:

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California Coalition for  
Youth  
PO Box 161448  
Sacramento, CA 95816

Fax to: (916) 340-0510  
E-mail:  
[cycl@calyouth.org](mailto:cycl@calyouth.org)

*If you have any additional questions, please  
feel free to contact our office: (916) 340-0505*