



***Crisis Response Team (CRT)
Counselor Application***

Name: _____

Address: _____

Phone #: _____ Pager #: _____ City _____ State _____ Zip _____
Cell Phone # _____

E-mail Address: _____

Date of Birth: _____ Age: _____

Drivers License #: _____ Exp. Date: _____ State: _____

Car Insurance Name: _____ Policy #: _____

Occupation/Position/Title: _____

Name of Employer: _____

Name of Direct Supervisor: _____

Address of Employer: _____

Employer's Phone Number: _____ Date of Onset of This Employment: _____

Highest Degree Obtained: _____ Field of Study: _____

Year That Degree Was Obtained: _____

College and/or University From Which That Degree Was Obtained: _____

Have you ever been arrested? (circle one) Yes No If yes, please explain: _____

Please describe any prior volunteer experience: _____

Please describe any prior experience you have had as a counselor or crisis counselor:

Do you have any medical problems or physical disabilities that might interfere with your ability to function as an on-call, on-site, Crisis Response Team Counselor? Yes No
If yes, please describe: _____

Have you ever been treated in a hospital for psychological problems? Yes No
Are you currently taking any medications which might impair your ability to drive or otherwise respond to crisis calls? (circle one) Yes No If yes, please describe: _____

Have you ever been involved in a traumatic incident, such as a fire, assault or major collision? (circle one) Yes No If yes, please describe: _____

Where did you hear about the program? Please list the specific source(s). _____

Please list two emergency contact persons:

_____	_____
Name	Phone Number
_____	_____
Name	Phone Number

ALL COUNSELORS must be fingerprinted and background checked (to be arranged through Chiron Center, Inc.) and provide a letter of good health from their physicians prior to going out on call.

I attest that the above information I have provided is accurate and complete to the best of my knowledge. I understand that, by signing this application, I am authorizing Chiron Center, Inc. to gather any documentation necessary to verify or corroborate the above information prior to my acceptance into the program.

Print Name Clearly: _____

Signature: _____ Date: _____