



# **SURVIVOR'S HOPE**

CRISIS  
CENTRE

## **SURVIVOR'S HOPE CRISIS CENTRE SARAH Crisis Program Volunteer Training Application**

### 2026 Training Dates & Locations:

- November 14 & 15 (Saturday & Sunday) 9:30-4:30pm- Selkirk
- November 28 & 29 (Saturday & Sunday)- 9:30-4:30pm- Online via Google Meets

|                                      |  |                       |  |
|--------------------------------------|--|-----------------------|--|
| Applicants Name:                     |  |                       |  |
| Home Address                         |  |                       |  |
| Mailing Address                      |  |                       |  |
| Home Phone                           |  | Cell phone (Required) |  |
| Email (Required)                     |  |                       |  |
| Work phone (if we can call you here) |  |                       |  |
| Birthday                             |  | Occupation            |  |

|                   |       |        |
|-------------------|-------|--------|
| Emergency Contact | Name: | Phone: |
|-------------------|-------|--------|

### 1. SKILLS:

|                                            |  |
|--------------------------------------------|--|
| Languages spoken (other than English)      |  |
| Valid Drivers License Required (yes or no) |  |
| Reliable Vehicle Required (yes or no)      |  |

### 2. RELEVANT EDUCATION/TRAINING/WORK EXPERIENCE/VOLUNTEER EXPERIENCE:

List any crisis intervention training or other relevant training eg. ASIST, MHFA, Safe Talk, Suicide Talk etc (If you don't have anything then don't worry, life experience works too)

### 3. Why are you interested in joining the SARAH Program?



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4. AVAILABILITY: Highlight all that apply

|                                          |     |         |         |
|------------------------------------------|-----|---------|---------|
| When are you available<br>for a call out | Day | Evening | Weekend |
|------------------------------------------|-----|---------|---------|

5. REFERENCES: (Name, phone, indicate professional or personal reference)

|       |        |                                      |
|-------|--------|--------------------------------------|
| Name: | Phone: | Professional or Personal (highlight) |
|-------|--------|--------------------------------------|

|       |        |                                      |
|-------|--------|--------------------------------------|
| Name: | Phone: | Professional or Personal (highlight) |
|-------|--------|--------------------------------------|

Please provide permission to follow up on information provided:

|                      |  |       |  |
|----------------------|--|-------|--|
| Applicants Signature |  | Date: |  |
|----------------------|--|-------|--|

All suitable candidates will be interviewed before being invited to join SARAH training.

(Completed by SARAH Program Coordinator) Interview Date:

|  |
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