

**LOSS TEAM MEMBER APPLICATION**

**Please Return To:**  
**Stephanie Schweitzer Dixon, Executive Director**  
**Front Porch Coalition, Inc.**  
**LOSS Team Program**  
**915 Mountain View Road**  
**Rapid City, SD 57702**  
[ssdixon@frontporchcoalition.org](mailto:ssdixon@frontporchcoalition.org)

**Name** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Sex** \_\_\_\_\_ **Age** \_\_\_\_\_ **Birthdate** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Physical Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone: Home** \_\_\_\_\_ **Office** \_\_\_\_\_ **Cell** \_\_\_\_\_

**The best time to call me is** \_\_\_\_\_

**Emergency Contact and Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Alt. email:** \_\_\_\_\_

**Marital Status:**  
**Married** \_\_\_\_\_ **Separated** \_\_\_\_\_ **Divorced** \_\_\_\_\_ **Widowed** \_\_\_\_\_ **Single** \_\_\_\_\_  
(Years) (Years) (Years) (Years)

**Education: (Circle One) High School College: Degree** \_\_\_\_\_

**Presently Enrolled At** \_\_\_\_\_

**Year: (Circle One) Freshman Sophomore Junior Senior (Circle One) Full time Part time**

**Graduate Major** \_\_\_\_\_ **(Circle One) Full time Part time**

**Organizational Memberships** \_\_\_\_\_  
\_\_\_\_\_

**If Employed, Where:** \_\_\_\_\_

**Position** \_\_\_\_\_ **Length of Time** \_\_\_\_\_

**Volunteer Experience:**

<b>Organization</b>	<b>Year</b>	<b>How Long</b>	<b>As</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**My spouse/family knows and approves of me doing this type of work. Yes \_\_\_\_\_ No \_\_\_\_\_**

**I am currently in good health. Yes \_\_\_\_\_ No \_\_\_\_\_**

**I have lost someone close to me to suicide. Yes \_\_\_\_\_ No \_\_\_\_\_**

**I have attempted suicide at least once in my life. Yes \_\_\_\_\_ No \_\_\_\_\_**

**May we contact your therapist? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Therapist's name, address, and phone number \_\_\_\_\_**

\_\_\_\_\_  
\_\_\_\_\_

**How did you learn about the LOSS Team? \_\_\_\_\_**

*If you are selected to go through LOSS Team training to become a member of the Team:*

**Would you be able to commit to a minimum of 6 not to exceed 10 hours of training required to become a LOSS Team Member? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Would you be able to commit to a minimum of being on-call for one entire week of volunteer time per month for 6 months? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Would your employer have concerns with you having to leave work immediately to respond to a LOSS Team callout? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Do you expect to experience any major life changes over the next year, such as relocation, graduation, changing jobs, etc? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes," what?**

\_\_\_\_\_  
\_\_\_\_\_

**Do you have a valid South Dakota or other state driver's license and up-to-date car insurance? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Would you be willing to submit to a background check? Yes \_\_\_\_\_ No \_\_\_\_\_**

**If you have ever known anyone who attempted/died by suicide, how did this impact you?**

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**What types of scenarios do you think might be challenging for you on the LOSS Team, including seeing a deceased body being removed from the scene in a body bag, being in the Emergency Room with family members possibly while their loved one dies?**

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**Please tell us something about yourself. Feel free to continue on the back or another sheet.**

**1. What do you expect to gain personally from volunteering here? \_\_\_\_\_**

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**2. What personal strengths do you think you will bring to the LOSS Team? \_\_\_\_\_**

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**3. Please list 2-3 references, how you know them, and contact information for each:**

**(1.) \_\_\_\_\_**

**(2.) \_\_\_\_\_**

**(3.) \_\_\_\_\_**