

LOSS TEAM MEMBER APPLICATION

Please Return To:
Toni Speckman
Front Porch Coalition, Inc.
LOSS Team Program
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Rapid City, SD 57702
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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:

Organization	Year	How Long	As
_____	_____	_____	_____
_____	_____	_____	_____

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 _____

Describe the relationship(s) of those you have lost to suicide. Please list all relationships if you have lost more than one person and how long since they died by suicide.

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?

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?

1. What do you expect to gain personally from volunteering here? _____

2. What personal strengths do you think you will bring to the LOSS Team? _____

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

- (1.)** _____
- (2.)** _____
- (3.)** _____