

Seattle Draft and Military Counseling Center
GI Rights Hotline Counselor
Volunteer Application

Name: _____

Address: _____

Daytime telephone: _____ Evening telephone: _____

Email: _____

How did you first hear about the GI Rights Hotline?

Why are you interested in becoming a volunteer GI Rights Hotline Counselor?

Hotline counselors commit to attending monthly meetings/trainings and taking a two-week shift every three months for at least a year. Often, we get many calls during our two-week shifts. Please tell us how you balance responsibilities when there are several demands that come up at once.

What kinds of experience do you have with the military or with people who are/have been in the military?

How do you deal with people whose viewpoints may be different from yours?

Please describe an experience where you were unable to see the results of hard work. How did you deal with it?

What do you hope to gain from your volunteer experience with us?

How would someone close to you describe the way you interact with others?

Please see other side

How long have you lived in the Puget Sound area? How many years do you anticipate continuing to live here?

What other skills would you like to share with us?

Please check all areas in which you have experience:

- | | |
|--|---|
| <input type="checkbox"/> Clerical work (answering phones, making copies, filing) | <input type="checkbox"/> Organizing (events, meetings, campaigns, etc.) |
| <input type="checkbox"/> Computer skills (data entry, word processing) | <input type="checkbox"/> Technical Writing |
| <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Telephone counseling |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Translation & Translation Review |
| <input type="checkbox"/> Editing & Proof-reading | <input type="checkbox"/> Research |
| <input type="checkbox"/> Layout, Graphics & Other Artwork | <input type="checkbox"/> Website Work |
| | <input type="checkbox"/> Youth Work |
| | <input type="checkbox"/> Other: _____ |

Other Languages? Which one(s)? _____ Read Write Speak

References

Please list the names and contact information for three references that you've known for at least a year:

1. _____
2. _____
3. _____

Any additional information you feel would be helpful:

Your completed application may be returned to Seattle Draft and Military Counseling Center via email at cindy@sdmcc.org, or to Cindy Sousa 206.734.5040.

Seattle Draft & Military Counseling Center does not discriminate against individuals on the basis of race, color, sex, class, religion, sexual orientation, gender identification, age, disability, parental or veteran status, nationality, or national origin.

Please see other side