

# Four County Local Outreach to Survivors of Suicide (LOSS)

## 1<sup>st</sup> Responder Volunteer Application



Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

Email \_\_\_\_\_

What prompted you to volunteer for the LOSS team?

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Check any of the following that may qualify you as a 1st Responder?

- Survivor after Suicide (You have experienced the loss of a loved one to suicide)

Relationship \_\_\_\_\_ How long ago? \_\_\_\_\_

- Health Professional: What type? \_\_\_\_\_

- Minister/Clergy

- Other Experience \_\_\_\_\_

The volunteer commitment requires a significant investment of your time and energy. Volunteers will be put on a volunteer list and when a suicide occurs, volunteers will be called to asked if they are available at that time to respond. Debriefing will also be asked of our volunteers following the initial visit. Regular meetings will be held for the team volunteers to learn more about grief and to get to know other team members. What activities/commitments are in your daily life (I.E. work 2nd shift) ?

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What coping skills do you use handle stressful situations? What family/friend support do you have?

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Please provide us with two references: one having to do with your employment, volunteer work or academic history; and one from someone who knows you well, personally (but not a relative). Let us know the preferred way to contact them. Please let your references know that we will be contacting them.

Name \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Best time to call \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Best time to call \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Relationship \_\_\_\_\_

Please sign below authorizing Four County LOSS to contact your references and collect information about you.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send this application to:

Tonie S. Long M.Ed., LSW

Four County ADAMhs Board

T761 St. Rt. 66, Archbold, Ohio 43502

(419)267-3355 ext.5

[Tonie@fourcountyadamhs.com](mailto:Tonie@fourcountyadamhs.com)