

CLARK COUNTY HOPE LINE

Hope Line Supervisor Application

Overview

It is our honor to offer this Crisis Mental Health First Aid training program to those who desire to serve through the Clark County Hope Line. By submitting this application to be a candidate for this ministry, you acknowledge that you are providing your full consent to the Advisory Committee of the Clark County Hope Line to perform a complete review to determine your eligibility.

All applicants must be an active member of a local Christian Church and must provide a Pastoral reference on their application. It is best to discuss your desire to volunteer in this ministry with your Pastors prior to listing them as a reference. We believe a position as a Hope Line Advocate Supervisor requires Spiritual gifting in addition to life experiences as identified by the Advisory Committee of the Clark County Hope Line.

This application must be completed in its entirety. Incomplete applications will be returned to the applicant for completion. It must be understood that applying in no way ensures you will be accepted into this ministry.

“Advocate Supervisors”-- Clark County Hope Line Volunteer Description

The Hope Line will serve all who seek help by calling into the line. The Hope Line Advocate is the first point of contact for the callers. Each Supervisor will be responsible to manage a team of 10 Hope Line Advocates. The Supervisor serves the Advocates by being the next line of support for the caller, the resource for any necessary debriefing for the Advocate, and a bridge to the Hope Line Clinical Directors.

Because of issues which are anticipated to be brought up by callers on a more frequent basis, each Supervisor needs a proficient understanding of the Resource guides which will be utilized for the Hope Line, as well as an advanced level of Crisis Mental Healthcare First Aid training and a working knowledge of community Mental Health Care therapies and providers.

The purpose of the Hope Line is primarily to serve Clark County youth, but Advocates will assist anyone who calls in. The topics that callers may wish to discuss include but are not limited to: peer relations, school based problems, eating disorders, substance abuse, teenage pregnancy, anxiety, stress, depression, parental relations, anger, grief/loss, sexual abuse, domestic violence, and suicidal thoughts or plans. Advocate Supervisors should feel comfortable in discussing all these issues and how to access community therapies and providers.

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Requirements:

Supervisors will be required to demonstrate competency in the topics covered in the 32 hour training course required for Advocates and also meet at least one of the three additional training requirements:

Option 1

- Complete the following courses through Responders Resource Center:
 - Group Crisis Intervention (14 hours)
 - Conflict Resolution (2 hours)
 - Biblical Counseling Basics (2 hours)
 - Ministry of Presence (2 hours)
 - PTSD basics (2 hours)
 - God's hope for the hurting (2 hours)
 - How to Deliver Death Notifications (2 hours)
 - Caring for Grieving Children (2 hours)

and

- Have at least 60 hours of logged crisis intervention service.

Option 2

- Demonstrate through official certifications, diplomas, or other documentation that the training in Option 1 has been completed,

and

- Have at least 60 hours of logged crisis intervention service.

Option 3

- Be certified as qualified by the Hopeline Advisory Committee

Mentorship through Clinical Directors

In addition to the required training, Supervisors will receive support through a structure that provides them direct access to the Clinical Directors.

Supervisors should use their Clinical Directors as a mentor to address questions and concerns which may arise, and as a resource if referrals to higher levels of care exceed their training.

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Code of Conduct

Due to the position of this ministry to represent Christian biblical values, the following codes of conduct are requirements:

- 1) The use of alcohol or drugs (whether legal or illegal) or any other substance with mind altering effects, while performing duties as a Supervisor is prohibited.
- 2) Foul language, crude or dark humor, or conversation inappropriate for pastoral care is prohibited.
- 3) Any failure on the part of the Supervisor to adhere to the above standards of conduct will result in action ranging from a warning to immediate removal from the Hope Line or cessation of training.
- 4) Similarly, actions in a Supervisor's personal life that are inconsistent with Biblical teachings will result in action ranging from a warning to immediate removal from the Hope Line or cessation of training.

Confidentiality

Due to the nature of this ministry, it is critical to understand that confidentiality is both imperative and a professional duty to protect those you serve as well as yourself. Confidentiality is to refrain from speaking about a certain matter with others.

Communication regarding an incident an Advocate might discuss with a Supervisor is to be kept between the Advocate and the Supervisor. These matters are not to be shared with others. The exceptions to confidentiality include:

- ◆ A situation in which the caller is in immediate danger to himself or others, or when information which must be reported is disclosed by a caller. In these situation, an Advocate must disclose any pertinent information to the Advocate Supervisor and the Supervisor then has the option to bring the Clinical Director into the intervention.
- ◆ Debriefing with a Clinical Director of the Clark County Hope Line; such a debriefing would commonly follow what the Supervisor would identify as a particularly difficult assignment.

If confidentiality is breached by a Supervisor while serving or in training, there will be a review which could result in actions leading to suspension and/or a revoking of that Supervisor's participation in the Hope Line.

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Application Check List

The following is a check list of the items you will need to complete to turn in your application for the review process. Please make sure that all the items are completed before submitting your application. If any of the items are missing, your application will be deemed incomplete and returned to you for completion without review.

Once your application is completed and submitted, please allow up to 2 weeks for a screening review. If your application is accepted, an interview with a member of the Clark County Hope Line Advisory Committee will be scheduled prior to acceptance as a Supervisor.

If your application is denied, you can request a meeting with one of the Advisory Committee members of the Clark County Hope Line to assist you in determining what items of the application process were found insufficient, and what steps you might be able to take to improve those areas before reapplying.

- Detach and keep the informational pages (pages 1-4)
- Complete and return the following pages (pages 5-7) to the designated person:
 - Sign and date the Acknowledgment statement
 - Complete the Personal Information pages
 - Sign and date the Release of Information page
 - **Mail completed pages 5-7 to:**

**Attn: Rachel Americo
Responders Resource Center 1400
NE 136th Ave.
Vancouver, Washington 98684**

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Acknowledgement Statement

I acknowledge that I, _____, have read this entire application and understand clearly the program, course requirements, the code of conduct, the cost of the course, and the process for credentialing. By signing this document, I agree with the terms and conditions of this application.

Signature: _____ Date: _____

Please complete all items in this application and return completed document to the designated person. The Help Line staff will review your application and will contact your references.

Personal Information:

Full Legal Name: _____

All Other Names

Used: _____

Current Address: _____

City: _____ State: _____ ZIP: _____

How long have you lived at this address? ____ years. If less than 2 years, previous addresses:

_____ (how long? _____)

_____ (how long? _____)

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Phone 1: (_____) - _____ Phone
2: (_____) - _____

Email: _____ Marital Status: _____

Date of Birth: _____ Place of Birth (City, State): _____

Emergency Contact: _____

Emergency Contact Phone: () _____ Relationship to Emergency Contact: _____

References:

#1. **Pastoral** Reference Name: _____

Phone: _____

#2. Personal Reference Name: _____

Phone: _____

#3. Personal Reference Name: _____

Phone: _____

(The following answers may be continued on one or more separate sheets if needed)

Why do you want to volunteer in this ministry? _____

Please list any training or education you have received that may be helpful in this ministry.

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How have crises or critical incidents that you have experienced given you insight, changed the way you think or affected you? _____

What other languages do you speak, if any? _____

On a scale of 1-10 (where 1 = not at all and 10 = extremely) how comfortable are you with sharing the good news of the love of Jesus? _____

Please describe your relationship to Jesus Christ and how that relationship began: _____

Release of Information for Federal Background and Reference Check

In signing and submitting this application to the Clark County Hope Line, the applicant gives consent to conduct a full Federal background check as well as a reference check pertaining to the character and suitability of the candidate for this ministry. This consent allows questioning the applicant's references as to whether he or she is living in accordance with biblical principles as understood by the Clark County Hope Line Advisory Committee.

This information will only be discussed with staff of Clark County Hope Line Advisory Committee, unless mandated by law.

Your signature acknowledges you have read and understand the statements above and give your consent to release your information. This consent is to remain in effect as long as you are

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an applicant, are going through training, or are a volunteer serving under Clark County Hope Line. Your consent will be continued until such a time that you provide written notification of your desire to withdraw it. This consent may be relinquished at any time and will result in the immediate termination of your participation. After termination as a Supervisor, confidentiality principles remain intact.

Attestation

I, _____ have read the above statements and agree to the release of my information to Clark County Hope Line for the purposes of verification and determination of my eligibility to be a Hope Line Supervisor. I agree to hold harmless the Clark County Hope Line for the use of my information for these purposes.

Social Security Number _____

Driver's license number _____ State of issue _____

Date of Birth _____ Place of birth _____

Address _____

Signature: _____ Date: _____