

Class _____ Interview _____ office use only Accepted
Code Name Code # Shift

CRISIS LINE TRAINING CLASS REGISTRATION FORM

NAME _____ DATE _____

ADDRESS _____
(City) (State) (Zip)

TELEPHONE _____ DATE OF BIRTH (Optional) _____

MALE _____ FEMALE _____ MARITAL STATUS _____

OCCUPATION:

PLACE OF EMPLOYMENT:

ADDRESS _____
(City) (State) (Zip)

TELEPHONE _____ EDUCATION COMPLETED: _____

List any special training you have had including degrees, professional, etc.

List any volunteer work you have done. _____

List any languages other than English that you speak. _____

Have you ever used Crisis Line's services? _____

How did you learn about Crisis Line and this training course? _____

SESSION: WINTER SPRING FALL

Please mail to:
CRISIS LINE OF WILL CO.
PO Box 2354
Joliet, IL 60434

Signature
Social Security #