AJET Peer Support Group

Volunteer Application

Part I: General Information and Availability

| Name |  |
| --- | --- |

| Prefecture orDesignated City |  |
| --- | --- |

| JET Title (check all that apply) | ☐ALT ☐CIR ☐SEA ☐PA |
| --- | --- |

| Year on JET  | 1st 2nd 3rd 4th |
| --- | --- |

| E-mail Address |  |
| --- | --- |

| Phone Number |  |
| --- | --- |

| Do you have your ownInternet connection?  |   ☐ YES ☐NO, I share with a neighbor. |
| --- | --- |

| Please indicate the days of the week that you are *typically* available. Variation in schedule is expected, but you may check “varies frequently” if there is little consistency in your availability. |
| --- |
| ☐Sunday ☐Monday ☐Tuesday ☐Wednesday ☐Thursday |
| ☐Friday ☐Saturday ☐Varies Frequently |
| New volunteers typically begin working with PSG in July. While PSG work is volunteer-based, we request that volunteers try to work 2-3 shifts a month for at least one year. Do you think you will be able to make this commitment? |
| ☐YES ☐NO |

Part II: Interest and Experience

| Do you have any experience or training that you feel would be an asset as a PSG Volunteer?*Some examples may include: support hotline work, peer counseling or mediation, RA or House Fellow and Prefectural Advisor training, among many others. Think broadly here – we do!* |
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| Why are you interested in becoming a PSG Volunteer? |
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Part III: Call Scenarios

| Please consider the following scenarios and explain how you would approach them. |
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| I. A caller asks you if she should renew for a second year or not. |
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|  |

| II. A caller says that he is having suicidal thoughts. |
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|  |

Please return this application by **February 29th** to

 psgapplications@gmail.com.

Any questions may be directed to the PSG Volunteer Coordinator at the same address.