

Allen/Auglaize/Hardin Counties
Drug Overdose Survivors Support (DOSS)
1st Responder Volunteer Application

Name: _____
Street: _____ City: _____ Zip: _____
Cell Phone: _____ Home Phone: _____
Email: _____

What prompted you to volunteer for the DOSS Team?

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

- Survivor after Drug Overdose (You have experienced the loss of a loved one to a drug overdose)
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 drug overdose occurs, volunteers will be called to ask 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)?

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

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. 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 Allen/Auglaize/Hardin DOSS to contact your references and collect information about you.

Signature: _____ Date: _____

Send / email this application to:
Rick Skilliter, DOSS Team Coordinator
Partnership for Violence Free Families
309 W. High St, Suite A, Lima, Ohio 45801
419-549-8530
rskilliter@pvff.org