



P.O. BOX 48750, LOS ANGELES, CA 90048
Office (310) 423-3401 Fax: (310) 423-0456
Email: jenny@teenlineonline.org
Website: www.teenlineonline.org

Dear Applicant:

Thank you for expressing interest in volunteering for TEEN LINE. We accept applications for those teens in or entering 9th, 10th, and 11th grade only.

APPLICATION AND REFERENCES DUE: Friday, January 20, 2012 in the TEEN LINE office. If you are unable to mail your application to us **by Wednesday Jan 18th**, we recommend you make arrangements to hand deliver to the TEEN LINE office, Cedars-Sinai Hospital (please call for directions 310-423-1602). **WE WILL NOT ACCEPT FAXED APPLICATIONS. PLEASE DO NOT SEND APPLICATIONS RETURN RECEIPT AS IT SLOWS DOWN OUR MAIL SERVICE.**

ALL MEETINGS ARE REQUIRED! Enclosed you will find a list of all required dates for training. If you are unable to attend any of these meetings, you cannot participate in this training session. You may, however, apply for training at a future time.

If you can attend all the sessions and have transportation available to our facility for these meetings, please complete and return the enclosed application and return it by **Friday January 20, 2012. Include a RECENT PASSPORT-SIZED PHOTOGRAPH WITH YOUR NAME PRINTED ON THE BACK, and ONE SIGNED PARENT LETTER (retain the other copy for your records).**

Because of overwhelming numbers of applications, we can only interview a limited number of those who apply. We will notify you as soon as possible whether or not your application has been approved. If your application is approved, you must then participate in further screening through an individual and group interview on **Sunday February 5th**. Completion of the interview process does not guarantee acceptance into our training program. Final acceptance for training is based on written application, individual and group interviews, and staffing needs of the program.

If you have any further questions, please call us at 310-423-1603.

Thank you,

Jenny Pascal, M.A., MFT
TEEN LINE Training Coordinator

Elaine Leader, Ph.D.
Executive Director



Center for the Study of
Young People,
Cedars-Sinai Medical Center

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TRAINING COORDINATOR

JennyPascal MA, MFT

DEVELOPMENT DIRECTOR

Else Duff

Dear Parent(s):

As you are aware, your teenager is applying to our **TEEN LINE** training program. It is a very rigorous and time-consuming program, which may place demands on your family; therefore, it is important for parents to be aware of the time commitments.

If your teen is accepted to our program, (s)he will need to attend all the meetings indicated below (NO EXCEPTIONS) – this includes the Parent-Teen Meeting which requires a parent or parent substitute's attendance:

1. **SCREENING INTERVIEWS:** 9:00 a.m.- 1:00 p.m., Sunday February 5, 2012
2. **PARENT-TEEN MEETING:** 7:00 p.m.-9:00 p.m., Thursday February 9, 2012
3. **LISTENER TRAINING PROGRAM:** February 14-May 24. Please refer to training schedule for specific dates)

APPLICATIONS ARE DUE NO LATER THAN 1:00 p.m. Friday January 20, 2012

Upon completion of the listener training program, teens are then required to work at TEEN LINE for a period of at least one year. During this time they will work one shift (5:30 p.m. –10:15 p.m.) a week. Every month at least one of the shifts will be a weekend night. At least twice a semester during school hours (excused), they will participate in an outreach presentation. Additionally, they are required to attend a monthly teen workshop (check schedule) from 6:00 p.m.-7:30 p.m. During the training period, they will observe one shift.

Please let us know that you support your teen's application to TEEN LINE by signing this form and retaining the other copy for your records. Please ask your teen to include this signed form with his/hers application.

Please note that we **cannot** allow teens to miss **any** of the training sessions, as this disrupts the training process, which is the most critical part of the program for the teens. **The interview date and the parent/teen orientation are both mandatory.** If you have any questions, please call us at 310/423-1602.

Note: If your teen is accepted to our program, please bring \$50.00 to the Parent-Teen Meeting, in order to cover administrative costs.

Sincerely,

Jenny Pascal, M.A., MFT
Training Coordinator

Elaine Leader, Ph.D.
Executive Director

Parent Signature

Date

Teen Signature

PARENT COPY



CEDARS-SINAI MEDICAL CENTER



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Sincerely,

Jenny Pascal, M.A., MFT
Training Coordinator

Elaine Leader, Ph.D.
Executive Director

Parent Signature

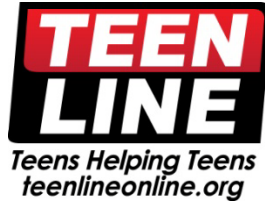
Date

Teen Signature

TL COPY



CEDARS-SINAI MEDICAL CENTER



APPLICATION CHECK LIST:

Please make sure you have enclosed the following with your application. Please check each item and enclose the check list with your application.

Name: _____

_____ Application with:

_____ Social Security Number

_____ Current Grade and Graduation Date

_____ GPA

_____ Passport size self photo

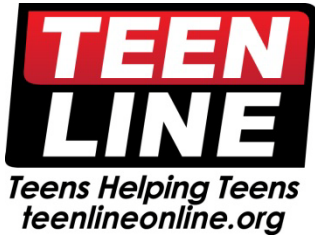
_____ Reference sheet with all three references listed

_____ Signed copy of the letter to parent(s) (retain a copy for your records)

Please check one:

_____ My signed and sealed references are enclosed

_____ My signed and sealed references will be mailed directly to Teen Line



Office use - Approved Date/By: _____ _____ _____

TEEN LINE VOLUNTEER APPLICATION

Please complete all items in **your handwriting** (Not Typed) in Pen and attach a **recent, passport-sized photograph with your name printed on the back**. This Document is CONFIDENTIAL.

(PLEASE COMPLETE APPLICATION IN INK)

DATE: _____

NAME: _____ SOCIAL SECURITY #: _____ - _____ - _____

ADDRESS: _____

CITY: _____ ZIP: _____

PERSONAL PHONE #: _____ FAMILY PHONE #: _____

TEEN EMAIL: _____ PARENT EMAIL: _____

M/F: _____ AGE: _____ BIRTHDATE: _____

SCHOOL: _____ SCHOOL PHONE #: _____ GPA: _____

Circle one of the following:

GRADE: 9 10 11 EXPECTED GRADUATION DATE: 2013 2014 2015

NAME AND AGES OF PEOPLE YOU LIVE WITH AND THEIR RELATIONSHIP TO YOU:

- | | |
|----------|----------|
| 1) _____ | 4) _____ |
| 2) _____ | 5) _____ |
| 3) _____ | 6) _____ |

FATHER'S NAME: _____ MOTHER'S NAME: _____
ADDRESS: _____ ADDRESS: _____

OCCUPATION: _____ OCCUPATION: _____
EMPLOYER: _____ EMPLOYER: _____
BUSINESS PHONE: _____ BUSINESS PHONE: _____

ETHNICITY: American Indian Asian/Pacific Islander African-American
 Caucasian Hispanic Persian
 Other (specify) _____

RELIGION: Catholic Jewish Christian Moslem No preference
 Other (specify) _____

Please answer all of the following questions. You will be helping yourself and us by answering honestly and completely. Use additional sheets if necessary.

1) Why are you interested in working at Teen Line? _____

2) What do you expect to gain personally from working on Teen Line? _____

3) Have you had any past experiences that could help you be an effective listener on a helpline? If so, please explain how the experiences may help you.

4) What personal qualities do you think are important for a person to have who is answering a helpline phone? _____

5) What personal qualities do you have that may help you be an effective and empathic helpline worker? _____

6) Are you aware of any of your own limitations and/or hang-ups or personal feelings that might influence you as a phone listener? (please answer honestly and explain your answer)

7) Do you feel that you will be able to put aside your own values and be an objective listener dealing with calls such as birth control, unwanted pregnancies, homosexuality, drug abuse, etc.? Do you feel comfortable talking about such issues? Explain your answer.

8) Please give us any other information which would help us to get to know you better (your likes, dislikes, values, extracurricular activities, goals, etc.) _____

9) Is anyone close to you involved in the mental health field? If so, whom and in what capacity?

10) Teen Line requires a minimum one year commitment beyond formal training. How long do you anticipate working on Teen Line? _____

11) What form of transportation do you plan to use if you are accepted to Teen Line?

12) All teens are required to work at least one weekend night a month on the line. Please indicate if you are able to do this. Yes: No:

13)How did you hear of Teen Line? _____

14)Do you know anyone who has applied, worked or is currently working at Teen Line?
Yes: No: If yes, please list their names.

15a) Have there been any major changes in your life in the past years? If so, what were they and how did they affect you? _____

15b) What helped you to cope with them? _____

16) Have you ever called TEEN LINE for help? Yes: No :

17)Does your school have a community service requirement? Yes: No :

If so, do you plan to use Teen Line for the requirement? Yes : No :

18) In order for our program to succeed, our teen volunteers must be prepared to miss up to 2-4 days of school a year. How would you accomplish this to satisfy your requirement to Teen Line and to school?

REFERENCES

Please follow these instructions or we will not accept your application

Please give the names of **three (3) ADULTS** who know you well, such as a teacher, clergy, employer, or therapist that we can contact for a personal reference.

References from family members are NOT acceptable.

This page, which lists your references, should be returned to us with your application.

The following reference forms **should be returned to us by them** or with your application **(In a sealed envelope with their signature across the sealed flap of the envelope)**

(1) Name: _____ Occupation: _____

How do you know this person? _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: (____) _____

(2) Name: _____ Occupation: _____

How do you know this person? _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: (____) _____

(3) Name: _____ Occupation: _____

How do you know this person? _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: (____) _____



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BOARD OF DIRECTORS

TEEN LINE LISTENER APPLICANT REFERENCE FORM

President
Jeffrey A. Kaplan

Dear _____, (please put reference name here)

Vice President
Anita Dann Friedman, M.A.

I, _____ (your name) have given TEEN LINE your name as a reference on my application. I hope that you will fill out this form and return it to TEEN LINE by _____. The reference form needs to be in a sealed envelope with your signature on the flap. Thanks for you time and support.

Secretary/Treasurer
Ann Banks

Please check:	Always	Almost Always	Almost Never	Don't Know
Friendly to a wide Variety of students	_____	_____	_____	_____
Responsive	_____	_____	_____	_____
Follows through on Commitments	_____	_____	_____	_____
Maturity level Appropriate for age	_____	_____	_____	_____

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TEEN LINE listeners sometimes deal with difficult and emotional calls. How would you assess this candidate's ability to cope with the stress and anxiety related to these types of calls?

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ADVISORY BOARD**

Saul L. Brown, M.D.
Marilyn Bush
Sidney Russak, M.D., Ph.D.
Thomas Trott, M.D., Ph.D.
Frank S. Williams, M.D.

Any additional comments you care to make regarding this candidate would be helpful (use back if you need more room).

How do you know this applicant?

EXECUTIVE DIRECTOR
Elaine Leader, Ph.D.

Please circle the number that most closely represents your recommendation.

CLINICAL DIRECTOR
Susan Chakmakian, M.A., M.F.T.

Would not Recommend	Not yet ready; perhaps next year	Yes, strongly recommend
------------------------	-------------------------------------	----------------------------

1	2	3	4	5
---	---	---	---	---

DEVELOPMENT DIRECTOR
Brian Davis



TEEN LINE

January 2012

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 New Year's Day	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16 Martin Luther King Day	17	18	19	20 Applications due	21
22	23	24	25	26	27	28
29	30	31				

TEEN LINE

February 2012						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5 Interviews 9-1	6	7	8	9	10	11
12	13	14 Training 4:30-7	15	16 Training 4:30-7	17	18 Training 9-1
19	20 Presidents' Day	21 Training 4:30-7	22	23 Training 4:30-7	24	25 Training 9-1
26	27	28 Training 4:30-7	29			

TEEN LINE

March 2012

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1 Training 4:30-7	2	3 Training 9-1
4	5	6 Training 4:30-7	7	8 Training 4:30-7	9	10 Training 9-1
11	12	13 Training 4:30-7	14	15 Training 4:30-7	16	17 Training 9-1
18	19	20 Training 4:30-7	21	22 Training 4:30-7	23	24 Training 9-1
25	26	27 Spring Break	28	29 Spring Break	30	

TEEN LINE

April 2012

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3 Spring Break	4	5 Spring Break	6 Good Friday	7
8 Easter Sunday	9	10 Training 4:30-7	11	12 Training 4:30-7	13	14 Training 9-1
15	16	17 Training 4:30-7	18	19 Training 4:30-7	20	21 Training 9-1
22	23	24 Training 4:30-7	25	26 Training 4:30-7	27	28 Training 9-1
29	30					

TEEN LINE

May 2012

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1 Training 4:30-7	2	3 Training 4:30-7	4	5 Training 9-1
6	7	8 Training 4:30-7	9	10 Training 4:30-7	11	12 Training 9-1
13 Mother's Day	14	15 Training 4:30-7	16	17 Training 4:30-7	18	19
20	21	22 Training 4:30-7	23	24 Training 4:30-7	25	26
27	28 Memorial Day	29	30	31		