

THE GOOD LINE

Peer counseling and referral helpline

<http://groups.drew.edu/thegoodline/>

The Good Line Application

This application will be discussed by staff counselors and current Good Line members only. Otherwise, it will be kept strictly confidential.

NAME	EMAIL	DATE
MAJOR(S)	GRADUATION YEAR	
STATUS: <input type="checkbox"/> RESIDENT <input type="checkbox"/> COMMUTER		
CONTACT: _____		
DORM ROOM (residents only)	CAMPUS MAIL BOX (residents only)	CONTACT NUMBER
HOW DID YOU HEAR ABOUT THE GOOD LINE? (e.g. poster, friend, email) _____		

PERSONAL STATEMENTS

Please explain the reasons you would like to be a member of The Good Line.

Have you ever been involved in an organization providing peer support? (No experience necessary)

If yes, briefly explain the circumstances.

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PLEASE LIST YOUR STRENGTHS AND WEAKNESSES:

Strengths

Weaknesses

ARE YOU IN GOOD ACADEMIC STANDING? YES NO

HAVE YOU EVER BEEN INVOLVED IN DISCIPLINARY ACTION OR PLACED ON PROBATION FOR ANY REASON? YES NO

IF YES, BRIEFLY EXPLAIN THE CIRCUMSTANCES:

IS THERE ANYTHING IN YOUR PSYCHOLOGICAL OR MEDICAL HISTORY WHICH MIGHT HINDER YOUR ABILITY TO ACT AS AN EFFECTIVE MEMBER OF A PEER COUNSELING AND REFERRAL HELPLINE? YES NO

IF YES, PLEASE BRIEFLY EXPLAIN:

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PLEASE LIST YOUR ACTIVITIES AND THE APPROXIMATE AMOUNT OF TIME THEY TAKE UP PER WEEK (e.g. sports, clubs, job, RA position):

Activity

Hours per week

PLEASE LIST THE NAMES AND EXTENSIONS OF TWO (2) PROFESSORS WHOM YOU WILL CONTACT FOR RECOMMENDATIONS (forms attached)

1st PROFESSOR:

NAME

EXTENSION

2nd PROFESSOR:

NAME

EXTENSION

WOULD YOU BE INTERESTED IN PLANNING AND PARTICIPATING IN GOOD LINE SPONSORED EVENTS? (your answer will not affect the evaluation of your application) YES NO

Please read and sign the Good Line operator responsibility sheet that is attached.

Applications may be dropped off at Sycamore Cottage, 2nd floor.

Thank you for your interest!

APPLICANT'S SIGNATURE

PRINT NAME

DATE

Good Line Operator Responsibilities

1. Attend all scheduled meetings (at least once a week for one hour)
2. Attend all scheduled training sessions
3. Participate in all meetings (be supportive, encouraging, maintain confidentiality, contribute to the discussion, introduce topics for discussion)
4. Read, understand, and utilize the Good Line Manual
5. Make a concentrated effort to become proficient at answering Good Line calls
6. Interview potential Good Line members
7. Advertise the Good Line (put up posters, etc.)
8. Be willing to be scheduled for four (4) nights of Good Line duty in a 30 day rotation which will include at least one Friday or Saturday. Good Line duty means remaining in your room, to operate the helpline, from 5 p.m. until 9 a.m. the following day. You get the opportunity to decide when you want to be scheduled for Good Line duty.
9. While on duty, Good Line operators will remain alcohol and drug free.
10. Submit a write up of a call to the co-chairs including date and time of call, brief summary, and outcome.

BY SIGNING BELOW, YOU ACKNOWLEDGE AND UNDERSTAND THE RESPONSIBILITIES REQUIRED OF ALL GOOD LINE OPERATORS:

APPLICANT'S SIGNATURE

PRINT NAME

DATE