



The Mission of **OPERATION "S.O.S." STOP OFFICER SUICIDE** is to not only address the issue of officer suicide but to stop talking and start doing what it takes to end this threat. This campaign will focus on bringing together individuals and organizations in numerous ways to include active working groups with areas of specific and broad focus. These working groups will be seen on the national state, and local levels. The working groups will produce countless additional projects and spin off ideas all to be used to reduce the number of officer suicides.

## VOLUNTEER APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

What special SKILLS/TALENTS do you possess that would benefit our mission?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Areas of Interest: (Please check all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Working groups       | <input type="checkbox"/> Oversee Regional Work groups | <input type="checkbox"/> Data Gathering/Research        |
| <input type="checkbox"/> Resources            | <input type="checkbox"/> Oversee State Work Groups    | <input type="checkbox"/> Technical Writing              |
| <input type="checkbox"/> Agency Outreach      | <input type="checkbox"/> Oversee Local Work Groups    | <input type="checkbox"/> Scheduling Meetings/Calls      |
| <input type="checkbox"/> Family Outreach      | <input type="checkbox"/> Social Media                 | <input type="checkbox"/> Graphic Design/Artistic        |
| <input type="checkbox"/> Writing /Publication | <input type="checkbox"/> Photography                  | <input type="checkbox"/> Note-taking/Documentation      |
| <input type="checkbox"/> Special Events       | <input type="checkbox"/> Communication/Phone Calls    | <input type="checkbox"/> Brainstorming/Idea Development |
| <input type="checkbox"/> Programs             | <input type="checkbox"/> Distribution/Mailings        | Other (please indicate) _____                           |

Please indicate the best way to reach you: (circle one) PHONE or EMAIL?

Please provide 1 professional and 1 personal reference who can speak to your character and skill sets.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\*By signing this application, you agree to the following: I will abide by any policies and procedures set forth by the organization and understand that I am volunteering at my own risk. I will not hold the organization, volunteers, affiliates, or founder responsible for any liability to include accidents, injury, or health issues, etc. that should arise from my work as a volunteer or in the duties performed for the organization. I agree that all work is conducted by me on a volunteer basis and that I am not eligible for any monetary compensation in the form of payment or reward.

X \_\_\_\_\_ Date: \_\_\_\_\_