



## Applied Suicide Intervention Skills Training Registration (ASIST)

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

Personal Phone Number(one you may be reached at): \_\_\_\_\_

E-mail Address (one that you check regularly): \_\_\_\_\_

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

Organization's Point of Contact:\_\_\_\_\_

Point of Contact's Phone Number:\_\_\_\_\_

E-mail Address:\_\_\_\_\_

Emergency Contact Name:\_\_\_\_\_

Emergency Contact Phone Number:\_\_\_\_\_

ASIST Training Date:\_\_\_\_\_ ASIST Training Location:\_\_\_\_\_

How do you work with Service Members, Veterans, and their Families?

Current Level of Suicide Intervention training: \_\_\_\_ Entry \_\_\_\_ Intermediate \_\_\_\_ Advanced

Have you ever attended an ASIST workshop before? \_\_\_\_ Yes \_\_\_\_ No

ENTRY INTO THE SECURE BUILDING WILL REQUIRE YOUR DRIVER'S LICENSE/STATE IDENTIFICATION

### **Selection Criteria:**

Applied Suicide Intervention Skills Training candidates should be chosen from volunteers who have received recommendations from their superiors and/or peers.

### **Please Consider the Following (you don't need to answer these)**

1. Do you consider yourself a good listener? Your primary role is to listen to others.
2. Are you at a stable time in your life? It is difficult to help others if you are overwhelmed by your own personal concerns.

Please submit this form to Shannon Chapman at [shannonchapman06@gmail.com](mailto:shannonchapman06@gmail.com)