



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 LISENCE/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