

Sexual Assault Crisis & Support Center
P.O. Box 417, Winthrop, Maine 04364
(207)377-1010

Volunteer Application & Per Diem Volunteer Application

Applicant Information

Date _____

Name _____ Occupation _____

D/O/B _____ S.S. # _____

Address: _____

Phone (Home) _____ (Work) _____ (Cell) _____

Past Volunteer Experience (you are not required to have held a volunteer position before to volunteer for us)

<u>Organization</u>	<u>Contact Person</u>	<u>Your Position</u>	<u>Dates</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment History(last three years of employment)

<u>Company</u>	<u>Contact Person</u>	<u>Your Position</u>	<u>Dates</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

May we contact your present/past employer as a reference? YES NO

Education

What is your highest level completed? _____

If College,

Major _____ Degree _____ Year _____

Due to the nature of the work we do here at the Sexual Assault Crisis & Support Center we are required to do a background check through the Maine State Police and the Department of Health and Human Services, Child Protection Unit.

Are you willing to allow us to have this done? YES NO

Have you ever been convicted of a felony? _____Yes _____No

If yes, can you briefly tell us about it? (please note this will not necessarily eliminate you from being able to volunteer with us. Please supply us with the conviction, class of conviction , what happened, and when)

In which area are you interested in volunteering?

Support Line: _____ Fundraising: _____ Administrative: _____

Education: _____ Hospital Support: _____ Court Room Advocacy: _____

What shifts are you available: 8am-5pm _____

5pm-8am _____

Weekdays: _____

Weekends: _____

Holidays: _____

How did you hear about the Sexual Assault Crisis & Support Center?

What are your reasons for wanting to volunteer at the Center?

Given your present understanding of a sexual assault crisis volunteer's role, what do you feel you can bring to or offer this program?

Have you received any training in crisis intervention or advocacy before?

YES NO

If yes, please briefly describe your training.

We work with a large array of individuals while doing this work. Are there people that you would feel particularly uncomfortable working with?

As a sexual assault volunteer advocate, what do you feel would be most positive or rewarding?

Most difficult or negative? _____

Are you willing to make a one year (1) commitment to the Sexual Assault Crisis & Support Center? _____

The Sexual Assault Crisis & Support Center
Protection of Privacy and Confidentiality

Information about clients or their contact with the Sexual Assault Crisis & Support Center, or personal information about staff and volunteers, gained through volunteer training, or volunteering events, shall be kept in complete confidence. No information shall move beyond agency staff, volunteers or the Board of Directors without the client's informed and written consent except as required by State or Federal statute. Provision for the protection of the client's right to privacy shall be maintained at all times within the Agency. The client's right to privacy within the Sexual Assault Crisis & Support Center shall be paramount and information shall be shared only for clinical purposes. Release of information by an employee or volunteer, without the client's informed and written consent shall be considered grounds for dismissal.

Any exceptions to the above policy are solely the responsibility of the Executive Director and the President of the Board. Under no circumstances is the volunteer to break confidentiality without approval from the Executive Director or Board President.

I, _____ agree to abide by the above stated confidentiality policy both during and after my involvement with the Sexual Assault Crisis & Support Center.

Signature

Date

Witnessed By

Date

Volunteer Reference Form

Applicant's Name: _____ Position: _____

Reference's Name: _____ Phone: _____

Address: _____ Phone (work): _____

Relationship to Applicant: _____

Length of time you have known applicant: _____

In your experience, would you consider the applicant to be:

- Reliable and Dependable _____ Yes _____ No
- Caring and Supportive _____ Yes _____ No
- Independent Thinker _____ Yes _____ No
- Comfortable and Effective with people _____ Yes _____ No
- Does he/she possess sound judgment _____ Yes _____ No
- Does he/she take supervision well _____ Yes _____ No
- Does he/she follow direction well _____ Yes _____ No
- Does he/she apply new learning _____ Yes _____ No

In your opinion, is the applicant well-suited to this volunteer position?

____ YES _____ NO

(If no, please explain) _____

Any additional information or comments: _____

Signature: _____

Date: _____

Please return this reference form to the Sexual Assault Crisis & Support Center at P.O. Box 417, Winthrop, Maine 04364. Thank You.