



RAPE CRISIS AND
SEXUAL ASSAULT
SERVICES

**RAPE CRISIS AND SEXUAL ASSAULT SERVICES
UNIVERSITY HEALTH CARE SERVICES, INC.**

VOLUNTEER ADVOCATE APPLICATION

(This form may be completed electronically. TAB or MOUSE
CLICK to move from field to field.)

Date _____

Date of Birth _____

Name _____
Last First Middle

Home Address _____
Street Address City State Zip

Home Phone _____ Work Phone _____

Pager/ Cell _____ Email Address _____

Have you ever been arrested, convicted of a felony or misdemeanor, or had your record expunged or cleared under the First Offenders Act? (An arrest or conviction does not necessarily disqualify you from the volunteer program.)

Yes No If so, please explain _____

EDUCATIONAL BACKGROUND

High School	Location	Graduation Date
College/Professional/Technical	Degree	Graduation Date
College/Professional/Technical	Degree	Graduation Date

EMPLOYMENT INFORMATION

Most Recent Employer _____ Address _____

Job Position _____ Phone # _____

Length of Employment _____ Work Hours _____

VOLUNTEER EXPERIENCE

Organization	Location	Position Held	How Long?

PERSONAL INFORMATION

Why do you want to volunteer for Rape Crisis?

Have you ever helped anyone through a crisis situation? (sexual assault, drug abuse, violence, natural disaster, accident, death, etc) If so, please describe the situation. How long ago was the incident?

Have you ever been a victim of physical or sexual assault or sexual abuse? Yes No

Has a close friend or relative ever been a victim of physical or sexual assault or sexual abuse? Yes No

Please list any hobbies, interests, skills. _____

What characteristics do you have that you feel would make you effective in dealing with persons under stress?

How did you become familiar with Rape Crisis?

REFERENCES (Not Relatives)

Name	Address	Phone Number	Relationship	E-Mail Address

IN CASE OF EMERGENCY

Contact Name _____

Relationship _____ Phone # _____

Personal Physician _____ Phone # _____

Please Note:

- 1. You must be at least 18 years old to volunteer for Rape Crisis.**
- 2. You must be willing to commit to 6 months/24 hours a month.**
- 3. You must live within 30 minutes of Augusta area hospitals, Burke Medical Center, McDuffie Regional Medical Center, or Jefferson Hospital.**
- 4. You must have transportation while on duty.**
- 5. You must have a personal phone.**

AGREEMENT

I agree that all the statements on this application are true and correct to the best of my knowledge. I understand that any misrepresentation made will be just and due cause for my dismissal from this service.

I understand that the information on my application for volunteering is subject to check and verification by Rape Crisis and Sexual Assault Services and that my references will be asked for information relative to my request for volunteer work. I hereby grant permission to Rape Crisis to contact these references and further, I hereby authorize my references to give any information as to my character and suitability for volunteer work. I hereby release from all liability and damages those individuals who provide information as stated above.

If accepted as a volunteer, I agree to abide by all rules and regulations of Rape Crisis now in effect and those that may be adopted in the future. All volunteer work is considered temporary pending satisfactory confirmation of all information in this application.

Signature

Date