

**SEXUAL ASSAULT CENTER
Volunteer Application**

Thank you for your interest in volunteering at S.A.C. Please fill out this application and acknowledge the information is true, correct and complete. Please note: that in addition to the application there is a Confidentiality Contract and an Authorization for background check.

**All information included on this application is kept in confidence and will not be disclosed to anyone without the volunteer's permission.*

Basic Information:

(Please write in the white space below)

| | | | | |
|--|----------------------------|---|---------------------|--------------------------|
| Name: | | D.O.B.: | | |
| Sex: | | Email: | | |
| Address: <i>(include city, state and zip)</i> | | County: | | |
| Home Phone: | | Cell Phone: | | |
| Race/Ethnicity: | | S.S. #: <i>(for back-ground check)</i> | | |
| Driver's License #: <i>(for background check purposes)</i> | #: State: | Bilingual? <i>(If yes, what languages?)</i> | | |
| Present Employer | | Work Phone: | | |
| Job Title/Occupation: | | Yrs. Of Employment: | | |
| Education Note: Formal education is not required to be a volunteer. We welcome experience of all kinds! | | Name | Degree/major | Did you graduate? |
| | High school | | | |
| | Trade or Business | | | |
| | College | | | |
| | Post-Graduate | | | |
| | Other | | | |

| | | |
|--|--|--|
| <p>Please list any community organizations, clubs and/or groups to which you belong (actively participate):</p> | <p>Organization Name:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> | <p>Position Held or Responsibilities:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
| <p>Please list other agencies for which you have volunteered (list volunteer experience):</p> | <p>Agency Name:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> | <p>Volunteer responsibilities:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |

(Please write in the white space below.)

What are the best times for your volunteer work?

(circle all that apply)

Weekdays

Evenings

Overnights

Weekends

Interest Areas

(please check all that may apply)

Crisis And Support Line - Provide emotional support, practical help, information and crisis intervention to survivors, their families and the Middle Tennessee community

S.A.C. Ambassador – Become a community representative of S.A.C. and attend community events to raise education and awareness on sexual violence as well as community resources.

Hospital Accompaniment (Davidson County Only) - Provide emotional support, practical help, information and crisis intervention to sexual assault survivors at Nashville General Hospital.

Public Policy - Sign up to receive emails about legislation impacting survivors and then use the example script to contact your representative.

Special Events Day-of Volunteer - S.A.C. has two annual events and will need help setting up for each event. This does require manual labor and the ability to lift/move at least 10 pounds.

Survivor Voices – Opportunity for S.A.C. Clients to participate in community outreach by speaking at S.A.C. events and projects. Participation by current clients or clients applying within 2 years of discharge requires consultation with client's therapist.

Please select the S.A.C. site(s) you are interested in volunteering at:

Nashville Office

Clarksville Office

*Hospital Accompaniment is not currently available at the *Clarksville* site; however, we are working on changing that. Therefore, if you are interested in the HAP volunteer opportunity in *Clarksville* and want to be placed on an interest list, *please indicate below.*

___ Interested in the Clarksville Hospital Accompaniment volunteer opportunity

**SEXUAL ASSAULT CENTER
References & Authorization**

This information is confidential. Please print full names, complete mailing addresses, including city state and zip, phone numbers and relationships of (4) people you authorize us to contact who have known you well and would be in a position to evaluate your qualifications as a volunteer with S.A.C. One reference must be a person who has known you for at least three (3) years. Another must be a current supervisor or former supervisor of a paid or volunteer position. PLEASE DO NOT USE RELATIVES.

| Name: | Relation-ship: | Yrs. Known: | Mailing Address: (Include city, state and zip.) | Phone: | Email: |
|-------|----------------|-------------|--|--------|--------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |

Our primary intention is to ensure that S.A.C. provides trauma-informed care and services at all levels of our agency, including services provided by and for our volunteers. We recognize it is very common for involvement in this work to be triggering and emotionally exhausting. As a result of this, S.A.C. desires

to establish a culture in which our staff and volunteers, who embody our mission to serve survivors and our community, are fully supported and prepared to engage in this heavy, life-changing work. By assuming compassionate care as a core principle on which this agency operates, it is our responsibility for this to be reflected in how we develop and engage with volunteers. Therefore, it is important for S.A.C. to understand as much about our volunteers as possible so that we can best support you and match you with the best opportunities available. *If you do not feel comfortable answering one or any of the questions in the space provided, please indicate that you would prefer to discuss the question in person.*

Briefly state why you are interested in becoming a volunteer at S.A.C.:

How did you hear of S.A.C.?

Do you feel there is anything that could limit your effectiveness in interacting with survivors of rape or sexual abuse?

Have you or anyone you know ever been a survivor of rape or sexual abuse? If yes, describe (to the degree you feel comfortable) about the effect this experience had on you and/or your friend/family member. How does this relate to your desire to work with the Center?

S.A.C. values safety and support; therefore, please list any medical conditions, or medications that we should be aware in case of a medical emergency. Examples would range from: heart conditions, anti-psychotics, allergies etc. (Please note: this will not be used as criteria for exclusion, but a way for S.A.C. to protect the safety and health of our volunteers).

Emergency Contact: Name: _____ Relationship: _____

Have you ever been charged or convicted of any felonies, misdemeanors, or ethical violations? If yes, please provide a brief explanation.

Have you ever been reported for suspected child abuse? If yes, please provide a brief explanation.

Is there anything else you want us to know prior to your interview?

STATEMENT OF ACCURACY AND AUTHORIZATION:

This form has been completed to the best of my ability, and I believe all answers to be true and factual. I hereby give my permission for you to check with the above named references. At the same time, I give you my authorization to conduct a full criminal background check.

Date: _____ Signature: _____

**Please return to: Christi Sidwell, Sexual Assault Training Assistant
Sexual Assault Center
101 French Landing Drive
Nashville, TN 37228
volunteering@sacenter.org or fax to (615) 259-9056**

Sexual Assault Center Confidentiality Contract

The Tennessee state law states: "The confidential relations and communications between counselors...and clients are placed upon the same basis as those provided by law between attorney and client..." TCA Section 63-1117. Information regarding services is controlled by the client. There are two exceptions to this rule, as follows: 1) in the case of an emergency when there is imminent danger to the client or other person, the counselor may breach the requirement of confidentiality; 2) Tennessee law requires that any person who knows or suspects that a child is being abused is required to report this information to the Department of Children's Services.

I fully understand the need for strict confidentiality concerning all information received from or about clients of the Sexual Assault Center.

As a matter of this service, I will not discuss or reveal any information concerning clients to anyone outside of the agency, without the client's permission, except in the unusual circumstances outlined by the Sexual Assault Center's policies (when someone's life is in clear and imminent danger, or a case of suspected abuse of a child.)

I fully agree to contact my supervisor or the on-call staff anytime I have questions concerning confidentiality.

Signature

Date

Printed Name