



VOLUNTEER APPLICATION

Thank you for your interest in volunteering at the SAC.

As part of the SAC procedure, we ask you to fill out this application and acknowledge the information is true, correct and complete. Depending on the type of volunteer opportunity in which you are interested, we may complete a background check. All information included on this application is kept in confidence and will not be disclosed to anyone without your permission. In addition, please complete the confidentiality contract on the last page of this application.

STEP ONE: CONTACT AND VOLUNTEER INFORMATION

Name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Preferred method of contact:

Home phone: _____

E-mail

Work phone: _____

Home Phone

Cell phone: _____

Work Phone

Cell Phone

I am a: Full-time worker Part-time worker Student Self-employed None

Present Employer or School: _____

Job Title/Occupation: _____

Tell us a little about yourself:

How did you hear about the SAC?

Why are you interested in becoming a volunteer at the SAC?

What do you hope to gain from your work as a SAC volunteer?

Do you have any past experience with sexual violence?

STEP TWO: AREAS OF INTEREST AND VOLUNTEER COMMITMENT

I am interested in the following volunteer opportunities at the SAC:

Office/Administrative Volunteer

Assist agency staff with data entry, filing, shredding, mailings, updating files; calling volunteers or donors; fundraising activities; receptionist duties (answering the phone and greeting clients)

Hours needed: Mostly weekday work involved, may involve some evening or weekend work

Research Volunteer

Assist agency staff with researching grants; researching marketing opportunities; researching funding sources; clinical research or legal research

Hours needed: Mostly weekday work involved, may involve some evening or weekend work

Community Education and Outreach Volunteer

Duties may include the following: giving pre-designed presentations; acting as ambassador at special events; staffing a display table; teaching community members about programs offered at SAC; working with school counselors with safety program for children; pre/post testing of students; entering data; assisting with training of school counselors; etc

Hours needed: Evening, some weekdays and weekend work

Crisis & Support Line Counselor

Answering crisis calls at home (from cell phone or landline) during a shift of your choice; providing crisis counseling and support to victims and families and offering resources and referrals when necessary

Extensive training (20+ hours) is required for these this volunteer opportunity.

Hours needed: 24 hours/day, 7 days/week; hours are flexible to meet your schedule

Special Projects Volunteer

Providing special services (services that you can provide that the Center would normally have to pay for, such as ground maintenance, accounting services, photography, website development, grant writing, etc.); assistance coordinating fundraising events (such as Mad Hatter Dinner/Silent Auction, Walk in Their Shoes, volunteer appreciation events; other projects as needed

Hours needed: Dependent on activities

I am interested in volunteering on the following days:

Monday Tuesday Wednesday Thursday Friday Saturday

Monday-Friday Weekends only

I am interested in volunteering during the following hours:

Morning (9:00 a.m.—12:00 p.m.) Afternoon (1:00 p.m.-4:00 p.m.) Evenings (after 5:00 p.m.)

I am interested in volunteering this many hours per week:

1 hour 2 hours 3 hours 4 hours More than 4 hours

I am interested in a volunteer commitment of:

1-3 Months 4-6 Months 1 year Ongoing

List three skills or qualities you have to offer that will be beneficial in your work at SAC:

STEP THREE: WORK AND VOLUNTEER REFERENCES

This information is confidential. Please print full names, phone numbers, email addresses and relationships of four (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 the SAC. One reference must be a person who has known you for at least three (3) years. Another must be a current employer or former employer (may include a volunteer job). PLEASE DO NOT USE RELATIVES.

Name: _____

Name: _____

Phone Number: _____

Phone Number: _____

Email: _____

Email: _____

Relationship: _____

Relationship: _____

Name: _____

Name: _____

Phone Number: _____

Phone Number: _____

Email: _____

Email: _____

Relationship: _____

Relationship: _____

STEP FOUR: 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 criminal background check.

Volunteer Signature

Date

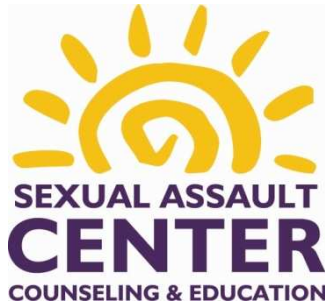
STEP FIVE: OPTIONAL INFORMATION

Birthday: _____

Gender: _____

Race: _____

**Please return to:
The Sexual Assault Center
101 French Landing Drive Nashville, TN 37228
(615) 259-9055 ext. 332; (615) 244-6855 [FAX]
www.SACenter.org**



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.

Volunteer Signature

Date

Printed Name