



Advocacy Volunteer/Internship Application

Contact Information

Name		
18 years of age or older?	Yes	NO
Street address		
City ST ZIP Code		
Home Phone		
Cell Phone		
E-Mail Address		

Availability

During which hours are you available for volunteer assignments?

12am - 8am

Weekdays

8am-4pm

Weekends

4pm-12am

Other

Other hours: _____

Do you have access to your own vehicle? YES NO

Advocate volunteers/interns must have their own personal means of transportation in order to serve on the Crisis Line.

Interests

Tell us in which areas you are interested in volunteering/interning

24-hour Crisis Line

Med/Legal Advocacy

Education/Prevention

Community Events

Therapy

Administrative

Fundraising

Accounting/Bookkeeping

STRAPWA/Sex Trafficking

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.



Interests

Briefly explain your interest in volunteering/interning for Rebuilding Hope:

What do you hope to gain from your volunteer/internship experience at Rebuilding Hope?

Previous Volunteer Experience

Summarize your previous volunteer experience.

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	



Your commitment to Rebuilding Hope! is for a MINIMUM OF 6 MONTHS TO ONE YEAR (refer to the job description below). Would you be considering a longer commitment? If so, how long? _____

Please provide two references we could contact (Not related):

1. _____

Name

Phone Number

2. _____

Name

Phone Number

FOR INTERNS/ STUDENTS ONLY

Sponsoring School:

Department:

Academic Supervisor:

Credit Hours:

Actual Hours/Work:

From: _____ to: _____
(Dates)

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that the Child/Adult Abuse Information Act mandates that a background check be conducted on me by this organization. The background check is for the initial screening and decision making of potential employees, volunteers and interns only. I understand that if I am accepted as a volunteer or intern, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.



Please return application to:

Rebuilding Hope! Sexual Assault Center for Pierce County,
Mail: 101 East 26th Street, Suite 200, Tacoma, WA 98421

Admin: (253) 597-6424

Fax: (253) 597-6443

Email: Carlyn@hopesacpc.org; Mason@hopesacpc.org (backup for Advocacy contact);
Renaee@hopesacpc.org (Administration)

If you have any questions please don't hesitate to call (253) 597-6424, ext. 3 (Carlyn), ext. 9 (Mason) or #113 (Renaee).

REBUILDING HOPE! SEXUAL ASSAULT CENTER FOR PIERCE COUNTY VOLUNTEER/INTERN ADVOCATE CONTRACT

Rebuilding Hope! Sexual Assault Center for Pierce County values the commitment you have made to serve survivors of sexual violence through our agency. To support you in this effort we will provide you with:

1. Thirty + clock hours of Basic Sexual Assault Awareness Training and sixteen plus (15+) hours of Advocacy Training in office and ongoing Crisis Line Training provided by the agency.
2. Monthly Advocate Training Meetings for three hours on the third Friday of each month.
3. Back-up support and supervision when you are providing direct care advocacy services to individuals impacted by sexual violence.

IN ORDER TO PROVIDE THE BEST SERVICE TO OUR CLIENTS WE ASK THAT YOU AGREE TO:

1. Uphold the agency's Confidentiality Policy and Mandatory Reporting Policy.
2. Attend all Monthly Advocate Meetings, receiving twelve hours of certified training through attendance of meetings and/or viewing of training videos. If you must miss a meeting, then that must be communicated with the Crisis Line Coordinator and Director in advance and a makeup meeting be scheduled/completed.
3. Abstain from using or being under the influence of alcohol or drugs during your shift work.
4. Complete all required paperwork (Client Information Form, Mandatory Reporting Form, etc.) fully, correctly, honestly and within 48 hours of the direct service.
5. Be available for calls on all scheduled shifts.
6. Make a **minimum of a 6 month commitment to a one-year commitment** to volunteering with our agency, even if your internship is limited to a time frame that is less than this. The 6-12 month time frame begins from the time you take your first independent shift on the hotline upon completing necessary training.
7. Cover a **minimum of 56 volunteer hours** per month (7 8-hour shifts) based on shift availability. If the volunteer is consistently unable to cover at least 5 shifts a month due to *their* personal lack of availability, then the Coordinator and Director will hold a review to discuss best options for that volunteer/intern.



8. Uphold SACPC Policy and Procedure in regards to Advocacy.

I have read and understand the responsibilities of SACPC regarding my advocacy. I understand that I may be terminated as an advocate for failure to fulfill these responsibilities. I understand that I may also be terminated for unsatisfactory work performance as determined by my supervisor, or if I am charged with a crime of abuse, assault, and neglect or charged with any felony.

Advocate signature

Date

Supervisor's signature

Date

ADDITIONAL INSTRUCTIONS TO COMPLETE THIS APPLICATION:

- 1) Please complete **Section A only** of the **WSP Background Check Form** on the following page.
- 2) When submitting this application - whether by scanning/email or bringing it in hard copy to your interview - please be sure to also attach a recent copy of your **resume and references**.
- 3) Follow-up by scheduling/confirming your interview with the appropriate staff member.

