



**Volunteer/Intern Sexual Assault Victim Advocate**  
**Part-time; Unpaid & Paid Opportunities**  
**Job Opening: Continuous**

**Rebuilding Hope! Sexual Assault Center for Pierce County** has served the area for almost 50 years and is the only State-Accredited Community Sexual Assault Program to offer confidential victim advocacy and specialized therapy services along with prevention education and community outreach and education.

Rebuilding Hope! provides advocacy services free of charge to any victim/survivor of sexual assault or abuse, recent or past. We also assist family members and friends of those who have been sexually assaulted or abused. Advocates are able to help clients explore options after an assault has occurred.

**Advocacy** services are centered around encouraging the empowerment of victim-survivors during their healing process, supporting friends and family and providing education about the issues surrounding sexual assault and abuse.

We firmly believe the right of a victim-survivor of sexual assault to:

- be believed
- receive non-judgmental support
- choose her or his own pace and path of healing
- expect privacy and confidentiality
- accept or reject any agency service
- receive accurate and current information

**Opportunity:** We are looking for members of our community who have a passion for serving survivors of sexual assault or abuse to apply to join our team of trauma-informed, confidential victim advocates who respond to our 24/7 Crisis, Information and Referral hotline for both phone support and in-person general, medical and legal advocacy. As an advocate with our team, you will be trained and supported to...

- 1) Offer phone and in-person crisis intervention and support to victim-survivors who call our 24/7 or walk-in during open hours;



- 2) Respond to Pierce County Emergency Departments 24/7 to provide specialized medical advocacy when patients who have experienced sexual assault receive medical treatment and/or undergo a forensic exam;
- 3) Meet clients at police stations and courthouses to offer legal advocacy support in reporting their assault and/or engaging in an ongoing investigation or to assist clients in filing civil protection orders;
- 4) Connect clients directly to our Therapy Department for specialized counseling services;
- 5) Engage with clients who walk-in or are directly referred/transported to our center to receive immediate support and services;
- 6) Provide additional support and assistance to clients engaged in case management through our trafficking program;
- 7) Offer ongoing emotional support and education about the dynamics and impacts of sexual assault/abuse trauma to clients; and
- 8) Contribute to a team of passionate community members who have also made it a priority to dedicate their capacity to serving survivors of sexual violence!

While all advocates begin their journey as an unpaid volunteer or intern advocate, there are opportunities to develop into paid positions with our staff. There are no educational requirements to be eligible to join our team, but you do have to be 18 or older and have access to reliable transportation in order to respond out for in-person advocacy 24/7.

You don't have any prior professional experience working with survivors of sexual violence? That's ok! We are approved by the State, Washington Coalition of Sexual Assault Programs and the Office of the Superintendent of Public Instruction to provide the State's required 30+ hours of Core Sexual Assault training to any/all who are interested in volunteering, interning or working as an advocate with our agency in addition to our internal orientation and training program.

If you are interested in learning if volunteering or interning in our Advocacy Department could be a good fit for you, we encourage you to access our application, review its contents and submit a completed application so you can be contacted for an interview with the Advocacy Coordinator.



State-required training cohorts are scheduled every October, February and June in Tacoma, so don't wait to apply and learn now how we can strategize a training plan for you that will prepare you to join our team.

All applicants are subject to a criminal background check through Washington State Patrol.

The Sexual Assault Center for Pierce County provides services to any individual whose life has been impacted by sexual assault, regardless of race, ethnicity, color, religion, disability, pregnancy, national origin, sexual orientation, gender, age, income, veteran status, marital status, or any other basis prohibited by federal, state or local law.



## Advocacy Volunteer/Internship Application

### Instructions

Please review and complete this application to the best of your ability and return to:

Rebuilding Hope! Sexual Assault Center for Pierce County,

Mail: 101 East 26<sup>th</sup> Street, Suite 200, Tacoma, WA 98421

Admin: (253) 597-6424 Fax: (253) 597-6443

**Contact: Hannah Nichols, Advocacy Coordinator**

**Email: [Hannah@hopesacpc.org](mailto:Hannah@hopesacpc.org) and/or call (253) 442-0559 to schedule an interview or with questions about applying.**

### Contact Information

Name		
18 years of age or older?	Yes	No
Street address		
City ST ZIP Code		
Home Phone		
Cell Phone		
E-Mail Address		
Do you have access to your own vehicle?	Yes	No

### Interests

Tell us in which areas you are interested in volunteering/interning (check your primary interest):

- 24/7 Victim Advocacy (Direct client service focus)
- Phone & in-person support
  - Crisis intervention
  - General, medical and legal advocacy
  - Requires completion of one (1) state training offered every February, June and October by Rebuilding Hope!
- Prevention Education
- Community Events/Outreach
- Advocacy Program Support (Administrative work focus)

**Your commitment to Rebuilding Hope! as a volunteer or intern in the Advocacy Department is for a MINIMUM OF 6 MONTHS following the completion of your training requirements (refer to the job description below). Can you reasonably commit to this time frame?**

**Please indicate one:            YES                            NO                            MAYBE**

**Would you be considering a longer commitment? If so, how long?**



### Availability

During which hours are you available for 24/7 advocacy shifts or support for other interests/activities?

- |                                     |                                   |
|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> 12am - 8am | <input type="checkbox"/> Weekdays |
| <input type="checkbox"/> 8am-4pm    | <input type="checkbox"/> Weekends |
| <input type="checkbox"/> 4pm-12am   | <input type="checkbox"/> Both     |

Other availability options, please share here:

### Interests (cont'd)

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

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

### Special Skills or Qualifications

**Please attach a copy of your current resume to accompany this information.** Summarize your previous relevant or related professional experience, whether it be from employment, volunteer or internship experiences.



**References**

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

1.

Name Phone Number OR Email

2.

Name Phone Number OR Email

**Person to Notify in Case of Emergency**

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

**FOR STUDENT INTERNSHIP CANDIDATES ONLY**

Sponsoring School:

Department:

Academic Supervisor:

Credit Hours:

Actual Hours to work/week or month:

Internship Dates - From: \_\_\_\_\_ to: \_\_\_\_\_

**Commitment:** Please note that student interns are held to the same time commitment as volunteer advocates regardless of the timeframe of their internship. This means if a student wants their internship to be focused on providing advocacy services, then they are held to a 6-month time commitment with the Advocacy Department (to begin with their first solo advocacy shift) regardless if their internship is only for one quarter or one semester. Please discuss your internship interests and availability with us at an interview so an individualized internship plan can be proposed.

**Note:** We encourage you to coordinate contact between Rebuilding Hope! and your sponsoring school/academic supervisor in advance so we can communicate our expectations of student interns prior to completing an interview with our Department.



### 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.



## REBUILDING HOPE! SEXUAL ASSAULT CENTER FOR PIERCE COUNTY VOLUNTEER/INTERN ADVOCATE JOB DESCRIPTION

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 eight plus (8+) hours of Advocacy Training in office and ongoing Crisis Line Training facilitated by the agency.
2. Monthly Advocate Training Meetings.
3. Back-up support and supervision when you are providing advocacy services to individuals impacted by sexual violence.

### **AS AN ADVOCATE, YOU WILL BE REQUIRED TO:**

1. Uphold all agency and Departmental Policies to include Confidentiality Policy and Mandatory Reporting Policy.
2. Be available for calls on all scheduled shifts; be accountable to making independent, reasonable efforts to have your shift covered by another member of the Advocacy team if you experience a serious conflict with your shift.
3. Attend all Monthly Advocate Meetings, receiving twelve hours of certified ongoing training (required by the State) through meeting attendance. Refer to the Advocacy Coordinator for the Missed Meeting Policy.
4. Abstain from using or being under the influence of alcohol or drugs during your shift work and/or when formally representing the agency.
5. Complete all required paperwork fully, correctly, honestly and within 48 hours of the client contact.
6. Make a **minimum of a 6 month commitment** to serving as an advocate with our agency, even if your internship is limited to a time frame that is less than 6 months. The 6 month time frame begins from the time you take your first independent shift on the hotline.
7. Cover a **minimum of 64 advocacy hours** per month (8 8-hour shifts/month; averaging 2 shifts/week). At the discretion of the Advocacy Coordinator and/or Deputy Director, special accommodations can be discussed for monthly shift requirements.

*Note: All candidates for volunteer or intern advocacy will be subject to a criminal background check by Washington State Patrol.*





### Confirmation of Receipt & Acceptance of Advocate Job Description

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

Advocate Name

Advocate Signature

Date

<input type="text"/>	<input type="text"/>
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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.

## BACKGROUND CHECK: PLEASE COMPLETE **SECTION A** ONLY!

**RESET**

(Clears all Fields in the Form)

### WASHINGTON STATE PATROL

Identification and Criminal History Section

PO Box 42633

Olympia WA 98504-2633

(360) 534-2000

<http://watch.wsp.wa.gov>



### REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)

**INSTRUCTIONS:** PLEASE COMPLETE THIS FORM WHEN REQUESTING **CONVICTION** CRIMINAL HISTORY RECORD INFORMATION BASED ON NAME AND DATE OF BIRTH. MAIL REQUEST TO ADDRESS NOTED ABOVE WITH \$17.00 CHECK OR MONEY ORDER. FOR REQUEST BASED ON FINGERPRINTS, MAIL A COMPLETED FINGERPRINT CARD AND FEE OF \$26.00. YOU MAY ALSO COME TO OUR OFFICE AT 3000 PACIFIC AVENUE, OLYMPIA, WA. **NOTE: IT MAY TAKE 7 TO 14 BUSINESS DAYS FOR RESPONSE WHEN MAILED. FOR AN IMMEDIATE RESPONSE, ACCESS OUR WEB SITE LISTED ABOVE TO CONDUCT YOUR CRIMINAL HISTORY REQUEST BY NAME AND DATE OF BIRTH FOR \$10.00 USING A CREDIT CARD.**

NOTARIZED LETTERS ARE AN ADDITIONAL \$10.00 PER NOTARY SEAL  Notarized Letter(s)

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints. Applicant may be advised of inquiry.

#### **A** SUBJECT INFORMATION: (Please type or print clearly)

Applicant's Name:     
Last First Middle

Alias/Maiden Name:

Date of Birth:    Sex:  Race:   
Month/Day/Year

#### **B** REQUESTOR INFORMATION: (Please type or print clearly)

DATE:  /  /     
Mo. Day Yr. (print) Name/Title of Requestor Requestor's Signature

Provide e-mail to receive background results electronically. Phone No. (  )

E-mail address Password (must be at least 8 characters)

REQUESTOR'S ADDRESS: (type or print clearly)

Name

Address

City State ZIP Code

Subject's Right Thumb Print (Optional)