



**Sex Trafficking & Exploitation Program Volunteer/Intern  
Part-time; Unpaid 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.

The **Sex Trafficking & Exploitation Program (STEP)** has been operating as a program within Rebuilding Hope! since 2015 to serve those who have experienced commercial sexual exploitation. To date, we are the only State-Accredited Community Sexual Assault Program to offer services to those who have experienced or are at-risk for commercial sexual exploitation in Pierce County. We provide confidential, wrap-around case management services to anyone who is experiencing, has experienced or is at-risk for exploitation. We offer clients basic needs such as food, hygiene products, transportation and community resources.

STEP services are centered around encouraging the empowerment of victim-survivors, providing emotional support, and reducing barriers for access to other resources in the community. We are trauma-informed, client-led and client driven, operating with a harm reduction model.

**Opportunity:** We are looking for members of our community who have a passion for serving survivors of sexual violence and exploitation to apply to join our team of trauma-informed, confidential case managers who assist in outreach, operation of our hotline and supporting clients.

There are no educational requirements to be eligible to join our team, but you do have to be 18 or older and may be required to have access to reliable transportation. If you have specialized skills to offer, including language skills, any certifications or prior experience working with vulnerable populations or individuals who have experienced trauma, please include that in your application.

Case Management Support



- Assist full-time case managers in covering walk-in appointments at the office during business day, business hours. These appointments are usually general advocacy in nature and can include emotional support/validation, referrals to other social service agencies, and scheduling follow-up calls or appointments.
- Take hotline shifts as needed during normal operation hours (Monday - Friday 8AM-6PM). Calls will be from current clients, new referrals or community professionals; they may be related to a current client's case, making a new referral or asking about services that STEP provides.
- Respond to client messages on the STEP Facebook when case managers are unavailable.
- Provide transportation support: This may include picking up and dropping clients off at general, medical or legal appointments.

#### Research/Current Events

- Assist Program Coordinator with research on current events and the agency's response to said events
- Assist with updating and organizing STEP's client resource binder
- Research and present community resources that may be useful for STEP clients
- Assist in research for team meeting trainings
- Research on relevant laws/legislation
- Other special projects as needed

#### Administration

- Create intake packets for clients
- Ensuring client paperwork is up to date
- Documenting walk-in appointments with the appropriate call sheet client paperwork
- Assist in organizing client folders/call sheets
- Paperwork digitization assistance

#### Trainings

- Attend team meetings and any specific volunteer meetings
- Attend relevant webinars/trainings
- Assist Program Coordinator in community outreach and awareness events



We require a 6 month commitment to volunteer or intern with STEP.

You don't have any prior professional experience working with survivors of sexual violence? That's ok! We are approved by the State and the Washington Coalition of Sexual Assault Programs to provide the State's required 30+ hours of Core Sexual Assault training to any/all who are interested in volunteering and interning with our agency in addition to our internal orientation and training program. We are also certified through the Center for Children and Youth Justice to offer state- and federally- approved curriculum on "Identifying and Responding to Commercial Sexual Exploitation and Trafficking of Youth" to satisfy our Commercial Sexual Exploitation 101 training.

If you are interested in learning if volunteering or interning with the Sex Trafficking & Exploitation Program could be a good fit for you, we encourage you to access our application, review its contents and submit a completed application along with a current resume so you can be contacted for an interview with the Program Coordinator.

During this interview, the Program Coordinator will speak with you about your interests, any qualifications you may have, and answer any questions. If you don't have any prior experience working with survivors of sexual violence, we may encourage you to consider volunteering/interning with the Advocacy Program's 24/7 Hotline prior to beginning with STEP.

State-required training cohorts are scheduled every February, June, and October 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 and the FBI.

The Sexual Assault Center for Pierce County provides services to any individual whose life has been impacted by sexual violence, 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.



# Sex Trafficking & Exploitation Program 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: Sarah Ciabrone, Program Coordinator**  
**Or email your application to: [sarah@hopesacpc.org](mailto:sarah@hopesacpc.org)**  
**Call (253) 988-2435 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            |     |    |

## Availability

During which hours are you available for volunteer assignments? **Refer to the volunteer description for explanation of required hours. Minimum required hours vary according to volunteer position.**

Please share your *best* known availability to support the program during its operating hours. Additional details about your availability can be discussed during a phone or in-person interview.

| DAY       | PROGRAM HOURS | YOUR AVAILABILITY |
|-----------|---------------|-------------------|
| MONDAY    | 8AM-6PM       |                   |
| TUESDAY   | 8AM-6PM       |                   |
| WEDNESDAY | 8AM-6PM       |                   |
| THURSDAY  | 8AM-6PM       |                   |
| FRIDAY    | 8AM-6PM       |                   |



**Your commitment to the Sex Trafficking & Exploitation Program is for a MINIMUM OF 6 MONTHS (refer to the job description below). Would you be considering a longer commitment?**

**YES    NO    MAYBE                    If so, how long?\_\_\_\_\_**

**Special Skills or Qualifications**

**Please attach a copy of your current resume to accompany this information.** Summarize your previous relevant or related professional experience (employment, volunteer or internship):

Summarize any previous volunteer experience:

**Interests**

Briefly explain your interest in volunteering/interning with the Sex Trafficking & Exploitation Program:

What do you hope to gain from your volunteer/internship experience at the Sex Trafficking & Exploitation Program?



Please provide two professional references we could contact (prior or current supervisors preferred):

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)

Average anticipated hours/week:

**Commitment:** Please note that student interns are held to the same time commitment as volunteers 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 Trafficking Department (to begin with their "shift" of work) regardless if their internship is only for one quarter or one semester. If the volunteer/intern is beginning as a Level 1 participant, then their first "shift" can coincide with schedule program training at the Coordinator and Deputy Director's discretion. 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.

**Person to Notify in Case of Emergency**

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

**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 SEX TRAFFICKING & EXPLOITATION PROGRAM VOLUNTEER/INTERN 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, 8+ hours of CSEC 101 Training and ongoing training provided by the agency.
2. Monthly Volunteer Meetings.
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 Volunteer Meetings and required trainings. If you must miss a meeting, then that must be communicated with the Volunteer Coordinator 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 (Mandatory Reporting Form, etc.) fully, correctly, and honestly.
5. 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 your first shift upon completing necessary training.
6. Uphold Sex Trafficking & Exploitation Program Policies and Procedures.



I have read and understand the responsibilities of the Sex Trafficking & Exploitation Program regarding my volunteer hours. I understand that I may be terminated as a volunteer 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.

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Advocate signature Date

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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.



**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)

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