



## Advocacy Volunteer/Internship Application

### Instructions

Please review and complete this application to the best of your ability and return to:  
 Hannah Nichols  
 Advocacy Coordinator  
 Email: hannah@hopesacpc.org  
 (253) 442-0559

### Contact Information

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

### Program Interests

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

\_\_\_ **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!

\_\_\_ **Advocacy & STEP Program Support** (Administrative work focus)

\_\_\_ **Sex Trafficking & Exploitation Program** (Direct client service focus)

- In addition to what's listed under 24/7 Victim Advocacy: 8+ hours training required specific to commercial sexual exploitation
- Completed minimum of 3 months with 24/7 Advocacy to be considered for STEP; commit to 3 additional months volunteering with STEP
- Good record of service, demonstration of direct service and administrative capabilities

**\*Please Note: All Rebuilding Hope volunteers/interns must be vaccinated against COVID-19 and show proof of vaccine status upon onboarding.**

\_\_\_ **Please check here to acknowledge you are vaccinated and can comply with providing proof of vaccination.**



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?

\_\_\_ 12am - 8am                      \_\_\_ Weekdays  
\_\_\_ 8am-4pm                        \_\_\_ Weekends  
\_\_\_ 4pm-12am                       \_\_\_ Both

Other availability options, please share here:

### 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?



**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):

Name	Phone Number	Email
1.		
2.		

**Person to Notify in Case of Emergency**

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

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**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.

## **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+ 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, special accommodations can be discussed for monthly shift requirements.



### 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

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Advocate Signature

Date

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Supervisor Signature

Date

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*Note: All candidates will be subject to a criminal background check by Washington State Patrol and an additional FBI background check.*

### 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.

**WSP Background Check Form**

\*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)