



Fill out form on your computer using Acrobat Reader. The tab key moves the cursor from space to space. Check boxes may be selected with the return key or clicked with the mouse. When you are finished, save a copy for your records, then click the submit button.

## The San Antonio Rape Crisis Center Volunteer Application Form

Date: \_\_\_\_\_

Thank you for your interest in volunteering. Just a few notes: since we are a nonprofit, we ask hospital advocates and online hotline volunteers for a \$20 training fee to cover the cost of materials (including a book), as well as a copy of your auto insurance and driver's license. In addition, a criminal background check is run on all applicants. We appreciate your time and interest and request you commit to 6 months of service with us.

### PERSONAL INFORMATION

First Name: \_\_\_\_\_ Last: \_\_\_\_\_ Maiden: \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Driver's License # \_\_\_\_\_ State: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long have you lived at current residence? Years \_\_\_\_\_ Months \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Private transportation? Yes  No  Liability insurance? Yes  No

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Can we call you there? Yes  No

Your title or position: \_\_\_\_\_

### In case of emergency, please notify:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### EDUCATION (Please check highest level completed)

High School 9 10 11 12                      College 1 2 3 4                      Graduate School 1 2 3 4

Field of Study/Degree: \_\_\_\_\_ School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

### MILITARY

Have you served in any military service branch? Yes  No  If Yes: From \_\_\_\_\_ to \_\_\_\_\_

Rank \_\_\_\_\_ Which Branch? \_\_\_\_\_ Type of discharge? \_\_\_\_\_

### HISTORY

Have you ever been arrested? Yes  No

Have you ever been convicted?: of a misdemeanor? Yes  No  of a felony? Yes  No

If yes to any of the above questions, please explain: \_\_\_\_\_

Are you currently involved in any criminal proceedings? Yes  No

### REFERENCES

Professional Reference (If not currently employed, use most recent employer or professor):

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Title \_\_\_\_\_ Phone Number: \_\_\_\_\_

Personal Reference (non-relative):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Years Known: \_\_\_\_\_ Phone Number: \_\_\_\_\_



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**SKILLS**

Languages other than English: \_\_\_\_\_

Special skills or training? Please list: \_\_\_\_\_

**VOLUNTEER EXPERIENCE**

Agency \_\_\_\_\_ Location \_\_\_\_\_ How Long? \_\_\_\_\_

Agency \_\_\_\_\_ Location \_\_\_\_\_ How Long? \_\_\_\_\_

Rape Crisis Center (RCC) Experience:

- I have not applied to RCC before.
- I have applied before. Please explain: \_\_\_\_\_
- I am a past RCC Volunteer. Dates: \_\_\_\_\_

**VOLUNTEER OPPORTUNITIES**

*Which volunteer opportunities are you interested in participating in? (Please check all that apply)*

- Hospital Advocate Volunteer     Online Hotline Volunteer     Counseling Intern     Office Volunteer
- Education/Health Fair Volunteer     Special Event Volunteer     Crisis Intern     Outreach Intern

*How did you hear about the Rape Crisis Center? (Please check all that apply)*

- RCC staff     RCC volunteer     Friend     Radio     RCC Website
- TV News     School Fair     Newspaper Community or Health Fair

Other: \_\_\_\_\_

**AVAILABILITY**

*I am available for interview/orientation:*

- Days only     Evenings only     Weekends only     Anytime

*I am available for training:*

- Days only     Evenings only     Weekends only     Anytime

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use

<b>Volunteer Application</b>	___ Background Check Policy Statement
___ Interview Questionnaire for Prospective Volunteers	___ Training Statement Form
___ Job Description	___ Code of Ethics Form
___ Confidentiality Form	___ Emergency Notification Form
___ Volunteer/Advocate Eligibility Statement Form	___ Copy of current driver's license
___ Authorization for Background Check Form	___ Copy of current auto insurance