



Rape Crisis Intervention Service of Carroll County
Sexual Trauma Advocate and Resource (STAR)
Volunteer Application

General Information

Date of Application: _____ Date of Birth: _____

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: (_____) _____

May we call your house? Y N

May we leave a message? Y N

Cell Phone: (_____) _____

May we call your cell? Y N

May we leave a message? Y N

Work Phone: (_____) _____

May we call your house? Y N

May we leave a message? Y N

Email Address: _____

How long have you lived at the above address? _____

Do you live within one (1) hour of Carroll Hospital Center? Yes No

How did you hear about our volunteer program? _____

Emergency Contact: _____ Relationship: _____

Address: _____

Phone: (_____) _____

Employment Information

Are you currently employed? Yes No Full-Time Part-Time

Employer's Name & Address: _____

Educational History

Have you earned a High School Diploma or GED equivalent? Yes No

Name/Location of High School: _____

Volunteer Experience

Organization: _____

Name of Supervisor: _____

Dates of Service: _____

Duties/Responsibilities Performed: _____

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Name of Supervisor: _____

Dates of Service: _____

Duties/Responsibilities Performed: _____

Availability

What are your current work, school, or other commitment hours?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Are you able to respond to hotline calls as a first responder when scheduled?

Yes No

Are you able to accompany victims to the hospital or police station when scheduled?

Yes No

Do you have a cell phone?

Yes No

Do you have access to a reliable motor vehicle?

Yes No

Do you have a valid driver's license?

Yes, state: _____ No

Do you have a good driving record?

Yes No

If No, please explain: _____

Are you 20 years of age or older?

Yes No

Can you commit to this position for at least 1 year?

Yes No

Would you be comfortable explaining pregnancy options to clients? (i.e. emergency contraception, termination, adoption)

Yes No

Have you volunteered with RCIS in the past?

Yes No

Have you ever used our services?

Yes No

If Yes, when? _____

Do you speak any other languages besides English?

Yes No

Do you have any commitments or responsibilities that might make it difficult to respond to calls when needed? _____

Have you ever been convicted of a felony?

Yes No

If Yes, please explain: _____

Questions

1. List any special skills and/or interests that you would be willing to share with the agency (i.e. computer skills, graphic design, fundraising, etc.):

2. Why do you want to volunteer with RCIS?

3. Working closely with issues of sexual violence can be stressful. Please describe the types of support available to you.

Please attach a copy of your current resume.

I hereby affirm that this application contains no willful misrepresentation or falsifications and that the information given by me is true and complete to the best of my knowledge and belief.

Signature: _____ Date: _____

Please return to RCIS, 224 N. Center Street, Room 102, Westminster, MD 21157