



## Sexual Trauma Advocate and Resource (S.T.A.R.) Volunteer

Date of Application: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ May we call your cell?  YES  NO

Work Phone: (\_\_\_\_) \_\_\_\_\_ May we call your work?  YES  NO

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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Current Employer/School: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

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**Previous Volunteer Experience or Related Career Experience:** (Please list in chronological order with the most recent experience first.)

Organization: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Duties/work Performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Organization: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Duties/work Performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Educational History**

High School/Vocational or Technical Program: \_\_\_\_\_

College (0-2 years): \_\_\_\_\_

College (2-4 years): \_\_\_\_\_

Graduate Program (completed): \_\_\_\_\_

Graduate Program (presently attending): \_\_\_\_\_

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

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**Availability:**

What is your current work, school or other commitment hours Monday-Friday?

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Are you willing to respond to the hotline as a first responder to clients when scheduled?

YES  NO

Are you willing to respond to the hotline week days from 5pm-9am and weekends when scheduled?

YES  NO

Do you have access to a reliable motor vehicle?

YES  NO

Do you have a cell phone?

YES  NO

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

YES  NO

## QUESTIONS

**Please answer the following questions as completely as possible. Feel free to include extra pages if you need additional space.**

1. Describe your educational and training background that is relevant to this work.
2. List any special skills and/or interests that you would be willing to share with the center (e.g. computer skills, graphic design, artistic skills, fundraising, bilingual).
3. Why do you want to volunteer with RCIS?
4. Describe your own experience (if any) with sexual violence, harassment, or domestic violence.

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

6. What do you hope to gain from this experience?

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

8. How do the significant people in your life feel about you being a victim advocate/counselor?

**Please share your thoughts about some issues that are relevant to our work with sexual assault survivors?**

**Emergency Contraception:**

**False Allegations of Rape:**

**Alcohol/Substance Abuse:**

**If you are a survivor of interpersonal violence:**

We seek to support our staff and volunteers to the best of our ability and provide quality care for all crisis clients. Many survivors of interpersonal violence who have worked toward their own recovery seek to help others by volunteering at Rape Crisis. We applaud this willingness to "give back" to the community of healing.

Because STAR volunteers are in the position of asking clients to disclose their pain and trauma to counselors and law enforcement officers, it is important that the survivor advocate understand the nature of what they are asking the client to do. To that end, we believe that working through one's own issues in counseling is a prerequisite to becoming a STAR volunteer.

We respectfully ask you to discuss any experiences of interpersonal violence you have had with an RCIS therapist and what formal or informal forms of counseling helped you to recover. Your disclosure is confidential within the agency. No one is automatically excluded from participating as a volunteer by disclosing this information. If it is not in our judgment that it is in your or the client's best interest for you to do this work at this time, we reserve the right to ask you to postpone your volunteering until you have sought further counseling.

**Are you or someone close to you, a survivor of sexual or other interpersonal violence?**

Yes     No

**Any other information you would like us to know about you:**