



**Rape Crisis Intervention Service of Carroll County
Sexual Trauma Advocate and Resource (S.T.A.R.) Volunteer**

Date of Application: _____ Date of Birth: _____

Name: _____

Address: _____

City, State, & Zip: _____

Home Phone: (_____)_____ May we call your house? YES NO
May we leave a message? YES NO

Cell Phone: (_____)_____ May we call your cell? YES NO
May we leave a message? YES NO

Work Phone: (_____)_____ May we call your work? YES NO
May we leave a message? 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? _____

Emergency Contact: _____ Relationship: _____

Address: _____

Phone: (_____)_____

Employment

Are you currently employed? Yes ___ No ___ Full-time ___ Part-time ___

Position Title _____

Employers Name and Address _____

Educational History

Education: (circle last year completed) HS 1 2 3 4 College 1 2 3 4 Graduate

Name of School/College _____

Previous Volunteer Experience:

(Please list in chronological order with the most recent experience first.)

Organization: _____

Name of Supervisor: _____

Dates of Service: _____

Duties/work Performed: _____

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Name of Supervisor: _____

Dates of Service: _____

Duties/work Performed: _____

Availability:

Please circle the shifts that you may be able to volunteer at RCIS.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
12AM-8:59 AM	12AM-6:00AM	12AM-6:00AM	12AM-6:00AM	12AM-6:00AM	12AM-6:00AM	12AM-8:59AM
9AM-8:59PM	6:00AM-8:59AM	6:00AM-8:59AM	6:00AM-8:59AM	6:00AM-8:59AM	6:00AM-8:59AM	9AM-8:59PM
9PM-11:59PM	9AM-4:59PM	9AM-4:59PM	9AM-4:59PM	9AM-4:59PM	9AM-4:59PM	9PM-11:59PM
	5PM-11:59PM	5PM-11:59PM	5PM-11:59PM	5PM-11:59PM	5PM-11:59PM	

Are you able to respond to the hotline as a first responder when scheduled? YES NO

Are you able to respond to the hotline week days and weekends 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, insured motor vehicle? YES NO

Do you have a valid driver's license? YES NO

Are you 18 years of age or older? YES NO

What commitments or responsibilities might make it difficult to respond when needed?

Can you commit to this position for at least one (1) year? YES NO

Have you volunteered with Rape Crisis in the past? YES NO

Have you ever used our services? YES NO If yes, when? _____

Do you speak other languages? YES NO

If yes, please be specific: _____

Have you ever been convicted of a crime? YES NO

If yes, please explain: _____

Do you have any pending court cases? YES NO

If yes, please explain: _____

QUESTIONS

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

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

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.

Volunteer Commitment

Please read carefully, sign and date below.

- I certify that the information given herein is accurate and complete to the best of my knowledge
- I authorize RCIS to investigate all statements in this application as may be necessary
- I agree to have an assessment conducted with a RCIS licensed therapist to determine potential effectiveness for being a STAR volunteer
- I agree to pay the \$25 background check fee and understand the background check will be conducted every three years
- I agree to view the “RCIS Abuse or Molestation Policy” training and sign acknowledgement of such
- RCIS is not obligated to accept you as a volunteer, nor are you obligated to accept a volunteer position if offered.

Sign

Date