

**Sexual Assault Resource Center  
Volunteer Application**

P.O. Box 3082, Bryan, TX 77805

Phone: 979-731-1000

Fax: 979-774-3810

NAME:

\_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

\_\_\_\_\_  
DRIVER'S LICENSE NUMBER

\_\_\_\_\_  
STATE

\_\_\_\_\_  
SSN

\_\_\_\_\_  
DOB

PHONE NUMBER:

\_\_\_\_\_  
HOME CELL

E-MAIL ADDRESS:  
\_\_\_\_\_

MAILING ADDRESS:

\_\_\_\_\_  
STREET CITY STATE ZIP

PLACE OF EMPLOYMENT:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
PHONE

IMMEDIATE SUPERVISOR:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TITLE

NUMBER OF CHILDREN AND AGES:  
\_\_\_\_\_

HIGHEST GRADE LEVEL COMPLETED:

\_\_\_\_\_  
HIGH SCHOOL

\_\_\_\_\_  
COLLEGE

\_\_\_\_\_  
OTHER

SKILLS, INTERESTS, HOBBIES:  
\_\_\_\_\_

DO YOU SPEAK ANY LANGUAGES OTHER THAN ENGLISH? ARE YOU FLUENT?  
\_\_\_\_\_



PLEASE LIST 2 PERSONAL REFERENCES, ONLY ONE OF WHICH IS A RELATIVE:

NAME:

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ADDRESS:

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PHONE:

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OCCUPATION:

---

RELATION TO YOU:

---

NAME:

---

ADDRESS:

---

PHONE:

---

OCCUPATION:

---

RELATION TO YOU:

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HOW DID YOU HEAR ABOUT OUR PROGRAM?

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WHY ARE YOU INTERESTED IN VOLUNTEERING WITH OUR AGENCY?

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PLEASE LIST ANY PREVIOUS VOLUNTEERING EXPERIENCE(S) YOU HAVE HAD IN DEALING WITH PEOPLE IN CRISIS SITUATIONS.

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HAVE YOU HAD PREVIOUS RAPE CRISIS OR CHILD SEXUAL ASSAULT TRAINING? IF YES, PLEASE EXPLAIN WHEN AND WHERE.

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HAVE YOU BEEN A VICTIM OF SEXUAL ASSAULT, ATTEMPTED SEXUAL ASSAULT, OR CHILD SEXUAL ASSAULT? IF YES, PLEASE EXPLAIN WHEN AND WHERE.

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IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE ANSWER THE FOLLOWING TWO QUESTIONS:

HAVE YOU HAD COUNSELING? YES / NO

ARE YOU CURRENTLY RECEIVING COUNSELING? YES / NO

HAS A FAMILY MEMBER OR CLOSE FRIEND BEEN SEXUALLY ASSAULTED? YES / NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME (OTHER THAN MINOR TRAFFIC VIOLATIONS)? IF YES, PLEASE EXPLAIN (INCLUDE THE OFFENSE, LOCATION, AND OUTCOME OF CASE):

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EMERGENCY CONTACT:

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NAME	PHONE	ALTERNATE PHONE
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ADDRESS	RELATION TO YOU
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I hereby certify that all answers given by me on this application are true and correct. I authorize the screening committee of the Sexual Assault Resource Center to write or telephone references that I have listed on this application for the purpose of acquiring reference information from them and to proceed with the screening process. I further release the Sexual Assault Resource Center and anyone releasing information to the Sexual Assault Resource Center from any liability based upon such release.

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

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

***All volunteer are subject to criminal background check.***

***PLEASE RETURN COMPLETED APPLICATION TO:***

**Caroline Adams, Volunteer Coordinator: [cadams@sarcbv.org](mailto:cadams@sarcbv.org)**

**SARC**  
P.O. Box 3082  
Bryan, TX 77805  
FAX: 979-774-3810

