

**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:

ADDRESS:

PHONE:

OCCUPATION:

RELATION TO YOU:

NAME:

ADDRESS:

PHONE:

OCCUPATION:

RELATION TO YOU:

HOW DID YOU HEAR ABOUT OUR PROGRAM?

WHY ARE YOU INTERESTED IN VOLUNTEERING WITH OUR AGENCY?

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

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

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

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):

EMERGENCY CONTACT:

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

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

