

## MAKE A DIFFERENCE!! VOLUNTEER APPLICATION

### HOW DO I KNOW IF THIS IS THE RIGHT TIME FOR ME TO VOLUNTEER?

- It has been at least 1 year since you became personally connected to the issue of sexual violence
- You are not currently struggling with substance abuse or self-harm.
- You have a strong support system in place and can identify those whom would be supportive of your volunteer experience with SACIS
- You have available time each month to volunteer/attend volunteer meetings at SACIS.
- You feel 100% ready to become an advocate

### PERSONAL INFORMATION

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

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

First Name

Middle Initial

Last Name

Gender and pronouns: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_

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

Phone: \_\_\_\_\_

Can we text you with reminders and updates? Y N

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

If you are a student, name of school: \_\_\_\_\_ Current Year: \_\_\_\_\_

Employer: \_\_\_\_\_ How Long: \_\_\_\_\_

Position: \_\_\_\_\_

How long have you resided in our service area? (Coles/Clark/Cumberland): \_\_\_\_\_

Do you have access to transportation? Y N

Do you have any physical limitation(s) that require accommodation? Y N

Please list any languages you speak fluently other than English: \_\_\_\_\_

## INTERESTS AND TIME COMMITMENT

How did you hear about volunteering with SACIS?

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Reasons for Volunteering (in brief):

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Motivating Factors: Strengths, Skills, Interest etc.

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How many hours a week, in addition to meetings could you donate to SACIS? \_\_\_\_\_

Could you attend monthly regularly scheduled volunteer meetings?    Y    N

Volunteer Experience:

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Are there times of the year you would not be able to volunteer?    Y    N

Please describe.

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**What are the best times for you to do volunteer work?**

*(Circle all that apply)*

**Weekdays    Evenings    Overnights    Weekends    Monthly**

**I am interested in volunteer for the following:**

- 24-hour Hotline Advocate
- Medical Advocate
- Prevention Education (Puppet Program/School Programs)
- Office Coverage
- Fundraising
- Events/Outreach
- Resource Fairs
- Attending Court/Helping with CNCO Cases
- Providing Child Care.
- Physical Labor Job (Moving, Painting, Event Set-Up, Etc.)
- No-Direct Volunteer Only (Not Trained Volunteer)

**PERMISSION TO CONDUCT BACKGROUND CHECKS**

**SACIS will run a DCFS and police background check on all volunteers.**

Have you ever been arrested or convicted of a crime? Y N

If yes, please explain:

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**PERMISSION TO CONDUCT BACKGROUND CHECKS**

I hereby give my permission to have a police background check and a DCFS background check completed to be a part of my employment application file with the Sexual Assault Counseling and Information Service.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**BACKGROUND**

Have you ever been victimized by sexual assault abuse? Y N

If yes, how long ago and what have you done to work through it?:

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I understand that for survivors of sexual assault, supporting other survivors can be rewarding and powerful but also potentially triggering. I understand that SACIS advises survivors to wait at least 1 year following an assault before attempting the 40-hour training and supporting others in trauma.

Y N

Describe any experience you have had counseling others:

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**What do you think is (are) the most important need(s) of a person going through a crisis?**

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**How do you feel about working with/assisting people of a different race, religion, belief or lifestyle than yours?**

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### **VOLUNTEER AGREEMENT**

**As a Sexual Assault Counseling Information Service volunteer, I agree to the following:**

1. To keep all names, addresses, and telephone numbers of SACIS members confidential.
2. To complete forty hours of training prior to serving as a volunteer. (If working directly with clients)
3. To attend six hours of in-service training per year if I wish to remain as "active volunteer" status with SACIS. This can be workshops, speakers, presentations, or DVD's on the topic of gender, violence, bullying, suicide, prevention, diversity, etc. Report hours to the volunteer coordinator and they will record your hours. \*Monthly volunteer meetings count as in-service training.
4. To abide by the SACIS advocate procedures and policies, particularly:
  - A. Never to go out alone to meet a victim.
  - B. To maintain client confidentiality.
5. I will call the Volunteer Coordinator to discuss any calls taken on the hotline on the next business day.

**I certify that all information provided on this application is correct.**

**Volunteer Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

### **VOLUNTEER COORDINATOR**

**Stephanie Anderson**  
**Phone: 217-348-5026**  
**Email: volunteer@sacis.org**