

MAKE A DIFFERENCE!! VOLUNTEER APPLICATION

PERSONAL INFORMATION

Name: _____

First Name

Middle Initial

Last Name

Pronouns: _____

Ethnicity: _____

Birth Date: __/__/__

Current Address:

Phone: _____

Can we text you with reminders and updates?

Email Address: _____

School: _____ Current Year: _____

Employer: _____

Position: _____

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

Do you have access to transportation?

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

Please list any languages you speak fluently other than English: _____

INTERESTS AND TIME COMMITMENT

How did you hear about volunteering with SACIS?

Reasons for Volunteering (in brief):

Motivating Factors: Strengths, Skills, Interest etc.

Could you attend monthly regularly scheduled volunteer meetings?

Volunteer Experience:

How are you interested in Volunteering?

24-hour Hotline

Attending Court

K-12 School Programs

Professional Trainings

Medical Advocacy

Events and Fundraising

Resources Tables

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?

If yes, please explain:

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

Name and Date

BACKGROUND

Have you ever experienced sexual assault or abuse?

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

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 2 years following an assault before attempting the 40-hour training and supporting others in trauma.

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

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

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. .
3. 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