



# SACIS/CAISA Volunteer Application

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

You are not currently struggling with substance abuse or self-harm

You have a strong support system in place and can identify those who would be supportive of your volunteer experience

You are willing to attend quarterly meetings

You feel 100% ready to become an advocate

## PERSONAL INFORMATION

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

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

First Name

Middle Initial

Last Name

Gender Identity 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:\_\_\_\_\_

# SACIS/CAISA

## Volunteer Application

Which county in our service area do you reside in? (Please check one)

<input type="checkbox"/> Coles	<input type="checkbox"/> Cumberland	<input type="checkbox"/> Crawford	<input type="checkbox"/> Edwards
<input type="checkbox"/> Jasper	<input type="checkbox"/> Lawrence	<input type="checkbox"/> Richland	<input type="checkbox"/> Wabash

How long have you lived there? \_\_\_\_\_

Please list any languages you speak fluently other than English:

\_\_\_\_\_

### INTERESTS AND TIME COMMITMENT

How did you hear about volunteering with us?

\_\_\_\_\_

Reasons for volunteering (in brief):

\_\_\_\_\_

\_\_\_\_\_

Motivating Factors: Strengths, Skills, Interests, etc.

\_\_\_\_\_

How many hours a week, in addition to meetings, can you donate?

\_\_\_\_\_

Could you attend regularly scheduled volunteer meetings?    Y    N

What are the best times for you to do volunteer work? (Check all that apply)

<input type="checkbox"/> Weekdays	<input type="checkbox"/> Weekends	<input type="checkbox"/> Evenings	<input type="checkbox"/> Overnights
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Which office would you prefer to be based out of?

<input type="checkbox"/> Charleston	<input type="checkbox"/> Robinson	<input type="checkbox"/> Olney
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# SACIS/CAISA

## Volunteer Application

I am interested in volunteering for the following (Check all that apply):

**Direct Service Volunteers** work directly with clients and client information. Requires 40-hour Crisis Intervention Training (Direct Service Volunteers are also able to do non-direct service work).

24-hour crisis hotline

Prevention programs (schools, trainings)

Office Coverage

Resource Fairs

Advocacy

**Non-Direct Service Volunteers** do not work with clients and client information. Does not require 40-hour Crisis Intervention Training

Fundraising

Graphic Design (creating social media/website graphics)

Event help

Physical labor jobs (moving, painting, etc.)

These lists are not complete, and volunteers may be asked to perform other tasks. Volunteers will never be asked to do something that makes them uncomfortable or unsafe.

### PERMISSION TO CONDUCT BACKGROUND CHECKS

SACIS/CAISA 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: \_\_\_\_\_

\_\_\_\_\_

# SACIS/CAISA

## Volunteer Application

### 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.

Y      N

### BACKGROUND

I understand that for survivors of sexual assault, supporting other survivors can be rewarding and powerful but also potentially triggering.    Y      N

Please list any previous volunteer experience:

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Describe any experience you have had counseling others:

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# SACIS/CAISA

## Volunteer Application

What do you think 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 who are of different races, religions, beliefs, or sexuality than yours?

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### VOLUNTEER AGREEMENT

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

1. To abide by the SACIS advocate procedures and policies.
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 an “active volunteer” status with SACIS/CAISA. These can be workshops, speakers, presentations, or DVDs on the topic of gender, violence, bullying, suicide, prevention, diversity, etc. Report hours to the Volunteer Coordinator and they will record your hours. \*Volunteer meetings count as in-service training.
4. Never go out alone to meet a victim.
5. To maintain client confidentiality.
6. I will call the Volunteer Coordinator to discuss any calls taken on the hotline on the next business day.
7. I will let the Volunteer Coordinator know when I am unable to volunteer for any length of time.

I certify that all information provided on this application is correct

Volunteer Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

### VOLUNTEER COORDINATOR

Rachel Carter

Phone: 618-544-9379

Email: rachel.caixa@sacis.org