

SOS Sexual Violence Services Volunteer Application

The information requested on this application will be used for volunteer assignment and record keeping. All information will be held confidential (except where release is authorized).

Personal Information

Name _____ Date _____

Street Address _____

City _____ State _____ Zip _____

Birth Date _____ Email _____

Home Phone _____ Cell Phone _____

Driver's License/State ID # _____ State Issued _____

Work Experience

Employer _____ Work Phone _____

Position _____ Length of Time _____

Previous work experience related to providing counseling/advocacy to clients/patients:

Volunteer Experience

Organization _____ Supervisor _____

Length of Time _____ Phone _____

Responsibilities:

Placement Information

How did you hear about our volunteer program _____

Why do you want to volunteer with SOS _____

Please define sexual violence _____

How do you define an advocate and their role _____

Do you speak any foreign languages _____

People who call the crisis line may have different values from you.

How will you be supportive of individuals who have different values from yours?

Are you willing to make a one year commitment to the program No Yes

Have you or an immediate family member received services from SOS or another sexual assault center No Yes

If so, how long ago _____

List hobbies, interests _____

Is there any work/position related tasks in which you cannot or should not be involved because of a disability or health condition, are there accommodations we could make? Please list:

Have you had any convictions other than minor traffic No Yes

If yes, what was the conviction _____ When _____

(Please answer honestly. A yes answer does not automatically mean you will not be accepted as a volunteer.

The relevance of the offense will be considered in making a determination.)

What times are you available to volunteer Weekdays Evenings Holidays Weekends

References

Name _____ Phone _____ Occupation _____

Address _____

Name _____ Phone _____ Occupation _____

Address _____

Name _____ Phone _____ Occupation _____

Address _____

Volunteer Signature	Date	Coordinator's Signature	Date
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Return by Mail: SOS Volunteer Coordinator, 555 Cedar St., Saint Paul MN 55101

Return by Email: asksos@ramseycounty.us

Return by Fax: 651-266-1274

Questions: 651-266-1000