



Please read and consider the following information carefully before submitting your application.

This application is designed to aid you and the Sexual Assault Victim Advocate Center, SAVA, in determining your strengths and skills as a volunteer. The application process enables us to place applicants in positions that are the most beneficial to the volunteer and our agency. We ask applicants to answer personal questions related to sexual assault history, mental health history and other potentially sensitive subjects. Answering “yes” to any of these questions does not automatically bar you from volunteering at SAVA. All applicants have the opportunity to elaborate and expand upon their answers during an interview.

We are very grateful for all of our youth volunteers. If you are under the age of 18, the following information may be relevant and important to you:

SAVA strives to protect the safety and privacy of all sexual assault survivors. If you are under the age of 18 and you have provided us with your general contact information and disclose that you have been sexually assaulted, SAVA is required by law to make a report if one has not already been made. If this applies to you and you would still like to volunteer at SAVA, **please call the Fort Collins office at (970)472-4204 or the Greeley office at (970)506-4059 to discuss further options.**

I have read and understand the above statement and will contact SAVA with any further questions.

Name

Date

SAVA

The Sexual Assault Victim Advocate Center

With two office locations:

4812 S. College Ave.

Fort Collins, CO 80525

Office Phone: (970) 472-4204

Fax: (970) 674-7023

Or

921 38th Ave Ct.

Greeley, CO 80634

Office Phone: (970)506-4059

Applicant interested in:

Hotline Advocacy

Internship

Other:

Fundraising

SART Peers

Marketing

Volunteer/Internship Application

Name: _____ Date: _____

Home Address: _____

Home Phone: _____ Alternate Phone: _____

Emergency contact: _____ Phone: _____

Is it okay to leave a message on your home phone? Y N Alternate Phone? Y N

What is the best way to contact you during the day? _____

What is the best way to contact you during the evening? _____

Email Address: _____

Full legal name: _____

Social security number: _____

Do you have a valid driver's license and insurance? Y N

Date of Birth: _____

Other names used within the last 10 years: _____

Any other states in which you have lived within the last 10 years: Y N

If yes, please list: _____

Are you presently working, studying or both? _____

If you are working, what is your profession? _____

If you are a student, what are you studying? _____

Highest grade completed in school: _____ Graduation date: _____

Please describe your time commitments in a typical week:

Are you volunteering to fulfill an organizational, class or degree requirement? Y N

If yes, please describe the requirements:

What are you feeling confident about, or looking forward to, regarding volunteering at SAVA?

What are your fears, concerns or doubts about volunteering for SAVA?

Describe your support system (ex: people, activities, organizations you belong to):

Describe your experience working with people of diverse backgrounds:

If a client were pregnant from her sexual assault, could you present the following options in a non-judgmental and unbiased way: carrying the pregnancy to term, offering the child up for adoption or having an abortion?

The SAVA Center defines Sexual Assault as any unwanted, forced, or coerced sexual activity without the consent of or against the will of another person. It ranges from unwanted sexual touching to penetration.

Do you personally know someone (not including yourself) who has been sexually assaulted? Y N

If yes, what is their relationship to you? _____

What role, if any, did you play in their recovery process?

Have you ever experienced an attempted or completed sexual assault? Y N

If yes, please give a brief description.

If yes, and you are under the age of 18, has the assault been reported to law enforcement? Y N

Have you ever received counseling related to any sexual assault history? Y N

If yes, please provide dates of treatment and therapist's name:

If yes to above, have you discussed volunteering for SAVA with your therapist? Y N

If deemed necessary after an interview, may we contact your therapist? Y N

Have you ever been convicted or pled guilty to a criminal offense in a court of law? Y N

If yes, please give dates, details and penalties for each occurrence on an attached sheet of paper.

Work History

Please fill out the following (a resume may be attached also application must also be completed)

Current/most recent employer: _____

Dates Employed: _____

Address: _____

Supervisor's name and title: _____

Phone number: _____ Number of hours worked per week: _____

May we contact your supervisor? _____

If no, please give a brief explanation below:

Employer: _____

Dates Employed: _____

Employer: Address: _____

Supervisor's name and title: _____

Phone number: _____ Number of hours worked per week: _____

May we contact your supervisor? _____

If no, please give a brief explanation below:

Employer: _____

Dates Employed: _____

Address: _____

Supervisor's name and title: _____

Phone number: _____ Number of hours worked per week: _____

May we contact your supervisor? _____

If no, please give a brief explanation below:

Employer: _____

Dates Employed: _____

Address: _____

Supervisor's name and title: _____

Phone number: _____ Number of hours worked per week: _____

May we contact your supervisor? _____

If no, please give a brief explanation below:

Volunteer History

Organization: _____

Dates involved: _____

Address: _____

Supervisor's name and title: _____

Phone number: _____ Number of hours worked per week: _____

May we contact your supervisor? _____

If no, please give a brief explanation below:

Organization: _____

Dates involved: _____

Address: _____

Supervisor's name and title: _____ Phone

number: _____ Number of hours worked per week: _____

May we contact your supervisor? _____

If no, please give a brief explanation below:

If you have had previous volunteer experience, please describe what you liked most and what you liked least about your experience.

Have you ever been terminated or released from a job or volunteer experience? Y N

If yes, please explain:

Personal References

Please list three non-relative references that you have known for at least one year.

Name: _____

Address: _____

Phone number: _____ Relationship: _____

Name: _____

Address: _____

Phone number: _____ Relationship: _____

Name: _____

Address: _____

Phone number: _____ Relationship: _____

I hereby certify that all answers given by me on this application are true and correct. I authorize The Sexual Assault Victim Advocate Center, SAVA, to write or telephone past employers, volunteer organizations and references that I have listed on this application for the purpose of acquiring reference information and to proceed with the screening process. I further release SAVA, and anyone releasing information to SAVA, from any liability based upon such release. I also understand that volunteers are subject to criminal background checks and authorize a criminal background check to be completed by SAVA.

Signature: _____

Date: _____

Please return completed applications to:

The SAVA Center (Greeley or Fort Collins Office)
Attn: Direct Service Coordinator

STAFF ONLY

Application received:

Called to schedule interview:

Applicant interested in:

Interview Date: