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
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:  Applicant interested in:
Called to schedule interview:  Interview Date: