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 (SAVA) Center 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. You are not required to disclose information on this application that you are not comfortable sharing. Leaving any of the following questions blank will not negatively affect consideration of your application. The information provided in this application is confidential and will only be viewed by the appropriate SAVA staff members. Please note that current SAVA clients are not eligible to volunteer until they have been discharged or are no longer receiving services.

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, the Greeley office at (970) 506-4059, or Loveland office at (970) 775-2962 to discuss further options.

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

Name (printed) ____________________________  Date ________________________

FOR STAFF USE ONLY

Application received:  Interview Date:  Paid Dues (Y or N):
Called to schedule interview:  Background Check:  Checked Database (Y or N):
Volunteer/Internship Application

Full legal name (For potential background check):_________________________________________

Pronouns:__________________________________________________________

Home Address:_____________________________________________________________________________

Phone:___________________________________

Emergency contact:_________________________ Phone: __________________________________________

Is it okay to leave a message on your primary phone?       Y     N

Email Address:______________________________________________________________________________

Do you have reliable transportation?       Y     N

Date of Birth:_______________________________________________________________________________

What language(s) do you speak? ________________________________________________________________

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?
__________________________________________________________________________________________
__________________________________________________________________________________________

Applicant interested in:

_____ Hotline Advocacy

_____ Bilingual Advocacy

_____ Internship

_____ Clinical Internship

_____ Front Desk Attendant

_____ Youth Mentoring

_____ Special Events

_____ Other: _____________________
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 to become pregnant from a 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?
__________________________________________________________________________________________
__________________________________________________________________________________________

SAVA is an LGBTQIA+ supportive organization. Are you willing to support this mission?
__________________________________________________________________________________________
__________________________________________________________________________________________

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, 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 or a family member received services at the SAVA center? 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, but the 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: ________________________________________________________________
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 to write or call 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: _______________________________

There is a $20 processing fee for all background checks. After an interview is completed and you have been admitted to the volunteer program, instructions will be given to complete a background check. Money should not be a barrier to volunteering; therefore, scholarships for the background check fees are available upon request.

Please return completed applications to the SAVA Center (Greeley, Fort Collins, or Loveland Office) or email it to volunteer@savacenter.org