

Fill out form on your computer using Acrobat Reader. The tab key moves the cursor from space to space. Check boxes may be selected with the return key or clicked with the mouse. When you are finished, save a copy for your records, then click the submit button.



## The San Antonio Rape Crisis Center Volunteer Application Form

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

Thank you for your interest in volunteering! Just a few notes: According to our licensing requirements, you will be unable to volunteer for The Rape Crisis Center if you have been a client within the last 2 years. Since we are a nonprofit, we ask all volunteers for a \$20 training fee to cover the cost of materials. We will also need a copy of your auto insurance and driver's license. In addition, a criminal background check is run on all applicants. We appreciate your time and interest and request you commit to 6 months of service with us.

### PERSONAL INFORMATION

First Name: \_\_\_\_\_ Last: \_\_\_\_\_ Maiden: \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Driver's License # \_\_\_\_\_ State: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long have you lived at current residence? Years \_\_\_\_\_ Months \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Private transportation? Yes  No  Liability insurance? Yes  No

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Can we call you there? Yes  No

Your title or position: \_\_\_\_\_

### In case of emergency, please notify:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### EDUCATION (Please check highest level completed)

High School 9 10 11 12                      College 1 2 3 4                      Graduate School 1 2 3 4

Field of Study/Degree: \_\_\_\_\_ School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

### MILITARY

Have you served in any military service branch? Yes  No  If Yes: From \_\_\_\_\_ to \_\_\_\_\_

Rank \_\_\_\_\_ Which Branch? \_\_\_\_\_ Type of discharge? \_\_\_\_\_

### HISTORY

Have you ever been arrested? Yes  No

Have you ever been convicted?: of a misdemeanor? Yes  No  of a felony? Yes  No

If yes to any of the above questions, please explain: \_\_\_\_\_

Are you currently involved in any criminal proceedings? Yes  No

### REFERENCES

Professional Reference (If not currently employed, use most recent employer or professor):

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Title \_\_\_\_\_ Phone Number: \_\_\_\_\_

Personal Reference (non-relative):

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

Years Known: \_\_\_\_\_ Phone Number: \_\_\_\_\_



The San Antonio Rape Crisis Center  
**Volunteer Application Form**

**SKILLS**

Languages other than English: \_\_\_\_\_

Special skills or training? Please list: \_\_\_\_\_

**VOLUNTEER EXPERIENCE**

Agency \_\_\_\_\_ Location \_\_\_\_\_ How Long? \_\_\_\_\_

Agency \_\_\_\_\_ Location \_\_\_\_\_ How Long? \_\_\_\_\_

Rape Crisis Center (RCC) Experience:

- I have not applied to RCC before.
- I have applied before. Please explain: \_\_\_\_\_
- I am a past RCC Volunteer. Dates: \_\_\_\_\_

**VOLUNTEER OPPORTUNITIES**

*Which volunteer opportunities are you interested in participating in? (Please check all that apply)*

- Hospital Advocate Volunteer
- Counseling Intern
- Office Volunteer
- Education/Health Fair Volunteer
- Special Event Volunteer
- Crisis Intern
- Outreach Intern

*How did you hear about the Rape Crisis Center? (Please check all that apply)*

- RCC staff
- RCC volunteer
- Friend
- Radio
- RCC Website
- TV News
- School Fair
- Newspaper Community or Health Fair

Other: \_\_\_\_\_

**AVAILABILITY**

*I am available for interview/orientation:*

- Days only
- Evenings only
- Weekends only
- Anytime

*I am available for training:*

- Days only
- Evenings only
- Weekends only
- Anytime

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use

<b>Volunteer Application</b>	_____ Background Check Policy Statement
_____ Interview Questionnaire for Prospective Volunteers	_____ Training Statement Form
_____ Job Description	_____ Code of Ethics Form
_____ Confidentiality Form	_____ Emergency Notification Form
_____ Volunteer/Advocate Eligibility Statement Form	_____ Copy of current driver's license
_____ Authorization for Background Check Form	_____ Copy of current auto insurance