

SAFE HARBORS OF THE FINGER LAKES, Inc.

P. O. Box 624
Penn Yan, NY 14527
315-536-9654

150 Castle Street
Geneva, NY 14456
315-781-1093

42 East Main Street
Waterloo, NY 13165
315-568-4200

VOLUNTEER ADVOCATE APPLICATION

ALL INFORMATION IS CONFIDENTIAL

NAME: _____ DATE: _____

PHONE: _____ WORK PHONE: _____

ADDRESS: _____

Email Address (optional): _____

ARE YOU: (answer "yes" or "no")

1. Over 18? _____
2. How did you learn about Safe Harbors?
3. Available to complete an initial 32-hour training program offered evenings and Saturdays? _____
4. Available for quarterly Volunteer Advocate in-service trainings to complete 10 hours of training annually?
5. Available to be on call for the hotline once every month (or so)?
6. Do you speak Spanish? Any Native American languages? Any other languages?
7. Presently employed? _____ If so, where? _____
8. Briefly describe your employment background.

9. Describe your educational background and training.

10. Have you had any previous training, education or experience in counseling or in another helping profession? (Include volunteer activities.)

11. List any special skills and/or interests that you would be willing to share with SHFL (e.g., computer skills, graphic design skills, artistic skills, fundraising).

12. Why are you interested in volunteering for Safe Harbors?
13. What do you think you can offer to SHFL as an Advocate?
14. What do you hope to gain from this experience?
15. Based on your current knowledge, define rape.
16. Describe your own experience (if any) with sexual violence, harassment, or domestic violence
17. Are you willing to make a commitment to this service for one year? _____
18. As a SHFL Volunteer Advocate, you will obtain personal information of an extremely intimate nature. This information can be discussed with no one outside SHFL. Do you feel that you can respect the confidentiality of clients at all times? _____
19. One of the most traumatic aspects of sexual assault is the survivor's loss of control over the most intimate aspect of her/his life. At SHFL, we strive to empower survivors to return control to them. Do you feel able to respect a client's decision even though you may not agree with it? _____
20. Are you comfortable discussing abortion, homosexuality, AIDS, and sexually transmitted diseases? _____
21. With complete training, do you believe that you can advocate comfortably for the many different clients served by SHFL? _____ Please check those with which you do *not* feel comfortable. (This will *not* affect your volunteer status.)
- | | |
|---------------------------------|--|
| _____ Children | _____ People from other racial/ethnic groups |
| _____ Elderly | _____ Gays and Lesbians |
| _____ Developmentally Disabled | _____ People with different religious values |
| _____ Sexually active teenagers | _____ People with alternative lifestyles |
| _____ People with low incomes | |
22. Working closely with issues of sexual abuse and domestic violence can be stressful. Describe the types of support available to you.
23. New volunteers are required to have a screening clearance through the State Central Register. Are you willing to sign your permission for this screening to be conducted? _____ Yes _____ No

24. Is there anything else you would like us to know about you?

25. List three personal or professional references from past volunteer or paid experience with names, addresses and telephone numbers. Please do not list relatives.

A. NAME: _____ PHONE _____

ADDRESS: _____

EMAIL: _____

B. NAME: _____ PHONE _____

ADDRESS: _____

EMAIL: _____

C. NAME: _____ PHONE _____

ADDRESS: _____

EMAIL: _____

Thank you for completing the application. Please call us if you have any questions. We will call you to schedule an interview once your application has been reviewed. *All* information you provide is confidential.