

Rape Crisis Center of Milford, Inc.

Serving Ansonia, Derby, Milford, Orange, Seymour, Shelton and West Haven

Volunteer Application for State Certification ~ General Statute 52-146k

Date: _____

Name: _____

Address: _____
Street City State Zip Code

Home phone #: _____ Cell phone #: _____

Email address: _____

Driver's License #: _____ State _____ Is it valid? _____
Copy of driver's license required

Do you have reliable transportation? _____

Race: _____ Language: _____ Occupation: _____

Employer's Name: _____

Employer's Address: _____

Contact person in case of emergency and phone #: _____

Check areas of interest:

- _____ Hotline Coverage
- _____ Follow Up Counseling
- _____ Assisting Community Outreach and Fundraising Events

Are you fluent in any language other than English? If so, please list what other language (s) do you speak?

If you are interested in hotline coverage, are you willing make a one year commitment for hotline coverage and attend mandatory volunteer case management meetings and trainings as often as every other month from 7 to 8:30pm?

Are you willing to take at least one 12 hour weekend shift AND one 16 hour weekday shift on the hotline each month AND alternate holiday shifts?

Why did you choose the Rape Crisis Center for your volunteer work?

What do you hope to gain from your experience as a volunteer?

Describe any experience or knowledge you have in any of the following areas: Counseling, rape crisis work, crisis intervention, support groups, public speaking, the medical or legal field, etc.
*Please know that experience is not necessary.

Please describe your strengths that would enhance your ability to be an effective advocate.

How would you respond if someone told you that he/she had been raped?

Would you have any problem responding to victims from diverse populations? ie.) LGBTQI, disabled, drug/alcohol dependent, etc.

- I certify that I have never been convicted of, pleaded guilty to, or pleaded *nolo contendere*, to a state or federal offense.

If you are not able to so certify, please explain in detail the nature of the conviction, the disposition date, and the nature of your sentence.

- I agree to a background check.
- I agree to keep all client contacts, of any nature, strictly confidential. I understand that any breach of client confidentiality is grounds for immediate dismissal.
- If accepted into the program, I agree to abide by the rules and regulations of the Rape Crisis Center of Milford.

Signature

Date