



Rape Crisis Center of Central New Mexico

Volunteer Advocate Application

Name _____ Date of Birth _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Evening Phone _____ Mobile _____
Occupation _____ E-Mail _____

How did you hear of the RCCCNM Program?

List any training or experience you have had that may be helpful in this work:

What language(s) do you speak?

Can you make a commitment to volunteer for 6 months? Y N

Do you have access to a phone? Y N

Have you ever been arrested? Y N

If so, please list the date(s) and type(s) of arrest(s):

Are you willing to consent to a criminal background check? Y N

Please explain why you want to do volunteer work, and why you chose RCCCNM. Please include which needs of your own you hope to meet as a volunteer.

Please describe your strengths and how you imagine they may impact your volunteer work with RCCCNM.

(over, please)

Please describe your weaknesses and how you imagine they may impact your volunteer work with RCCCNM.

What do you know about sexual violence? (In terms of causes, effects, society's view, etc.)

Please describe briefly any experience you may have had with sexual violence victims/survivors (family, friends, work, etc.).

When you think about volunteering with RCCCNM, are there any particular situations in which you can imagine feeling uncomfortable? Are there any populations you are apprehensive about working with?

In the event that I assume advocacy responsibilities with the Rape Crisis Center of Central New Mexico, I agree to treat as **confidential** any and all information about every person I provide services for, including all medical, legal, and social service information and other relevant records. I also agree to exercise great care in protecting RCCCNM records from scrutiny by unauthorized person(s). I understand that any breach of the above agreement will be considered reason for immediate termination of my advocacy work with RCCCNM.

Signature_____ Date_____

Applicant Name_____ Date_____

Please list *at least* three references we may contact. At least one must be a current or previous employer. **None of the references should be family members.** Please print all information. Thank you.

1. Name _____
Relationship _____
Current Phone Number _____

2. Name _____
Relationship _____
Current Phone Number _____

3. Name _____
Relationship _____
Current Phone Number _____

Emergency Contact information:

Person or persons to contact in case of emergency:

Name (s) _____
Phone #s _____
(over, please)

Do you have any friends/family/co-workers you think would make a great volunteer? If so, our Volunteer Coordinator can contact them to give more information about the many ways in which they can help in RCCCNM's mission to "Create a World Without Sexual Violence."

1. Name _____
Relationship _____
Current Phone Number/E-Mail _____

2. Name _____
Relationship _____
Current Phone Number/E-Mail _____

3. Name _____
Relationship _____
Current Phone Number/E-Mail _____