

**Volunteer Application
Sexual Assault
Resource Center**

P.O. Box 3082, Bryan, Texas 77805
(979) 731-1000
(979) 774-3810 Fax

NAME: _____
Last First Middle Maiden

DRIVER'S LICENSE NUMBER AND STATE: _____

SOCIAL SECURITY NUMBER: _____

BIRTHDATE: _____ MARITAL STATUS: _____

SPOUSE'S NAME: _____
Last First Middle

EMERGENCY CONTACT: _____
Name Phone Alternate Phone

Relation to You Address

CURRENT ADDRESS: _____
Street Address City, State Zip

PHONE NUMBER: _____
Main Work Permanent

E-MAIL ADDRESS: _____
Main Alternate

PLACE OF EMPLOYMENT: _____
Name Address Phone

IMMEDIATE SUPERVISOR: _____
Name Title

SPOUSE'S PLACE OF EMPLOYMENT: _____
Name Address Phone

NUMBER OF CHILDREN AND AGES: _____

HIGHEST GRADE COMPLETED:

HIGH SCHOOL: _____

COLLEGE: _____

OTHER: _____

SKILLS, INTERESTS, HOBBIES: _____

DO YOU SPEAK ANY LANGUAGES OTHER THAN ENGLISH? ARE YOU FLUENT?

PLEASE LIST 3 PERSONAL REFERENCES, ONLY ONE OF WHICH A RELATIVE:

Name: _____

Address: _____

Phone: _____

Occupation: _____

Relation to you: _____

Name: _____

Address: _____

Phone: _____

Occupation: _____

Relation to you: _____

Name: _____

Address: _____

Phone: _____

Occupation: _____

Relation to you: _____

HOW DID YOU HEAR ABOUT OUR PROGRAM?

WHY ARE YOU INTERESTING IN VOLUNTEERING WITH OUR AGENCY?

PLEASE LIST ANY PREVIOUS VOLUNTEERING EXPERIENCE(S) YOU HAVE HAD IN DEALING WITH PEOPLE IN CRISIS SITUATIONS:

WHEN, WHERE AND HOW LONG:

HAVE YOU HAD PREVIOUS RAPE CRISIS OR CHILD SEXUAL ASSAULT TRAINING? IF YES, WHEN AND WHERE?

HAVE YOU BEEN A VICTIM OF SEXUAL ASSAULT, ATTEMPTED SEXUAL ASSAULT, OR CHILD SEXUAL ASSAULT? WHEN/WHERE?

IF YOU ANSWERED YES ABOVE:

HAVE YOU HAD COUNSELING? YES/NO

ARE YOU CURRENTLY RECEIVING COUNSELING? YES/NO

HAS A FAMILY MEMBER OR CLOSE FRIEND BEEN SEXUALLY ASSAULTED? YES/NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME (OTHER THAN MINOR TRAFFIC VIOLATIONS)? IF YES, PLEASE EXPLAIN (INCLUDE THE OFFENSE, LOCATION, AND OUTCOME OF CASE):

I hereby certify that all answers given by me on this application are true and correct. I authorize the screening committee of the Sexual Assault Resource Center to write or telephone references that I have listed on this application for the purpose of acquiring reference information from them and to proceed with the screening process. I further release the Sexual Assault Resource Center and anyone releasing information to the Sexual Assault Resource Center from any liability based upon such release.

Date: _____

Signature: _____

Volunteers may be subject to criminal background check.

Return completed application to:
Anna Chowdhury, Director of Advocates
SARC
P.O. Box 3082
Bryan, TX 77805

