



**VOLUNTEER APPLICATION**

**Monterey County Rape Crisis Center**

P.O.Box 2630 Monterey, CA 93942  
Office: (831) 373-3955  
Fax: (831) 373-3389  
**Crisis Line: (831) 375-4357**  
**(375-HELP)**

P.O. Box 2401, Salinas, CA 93902  
Office: (831) 771-0411  
Fax: (831) 771-0105  
**Crisis Line: (831) 424-4357**  
**(424-HELP)**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Birthdate: \_\_\_\_\_ Email Address: \_\_\_\_\_

Current Employment: \_\_\_\_\_

Name

Address

Dates employed (month/year) From \_\_\_\_\_ to \_\_\_\_\_

What are your duties?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If currently employed, may we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Additional Work Experience (be brief) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have previous volunteer experience? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where did you hear of MCRCC?

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Why do you want to volunteer with MCRCC?

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Do you have any specific knowledge regarding sexual assault (i.e. from readings, friends/family, *personal experiences*, etc.)? \_\_\_\_\_

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Are you a survivor of sexual assault or child sexual abuse? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when did the assault or abuse happen? Did you seek counseling or other support services? \_\_\_\_\_

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Have you ever perpetrated any form of sexual abuse, harassment, or assault? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe \_\_\_\_\_

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Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_

*(Note: MCRCC is authorized by the California Department of Justice to perform background checks on its volunteers.)*

If yes (to either), please explain: \_\_\_\_\_

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Have you ever been under the care of a doctor for mental illness or on medication for mental illness? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

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What qualities, life, educational, and work experience, or other skills do you have that may be helpful in your work as a sexual assault counselor? What do you feel are your strongest assets?

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Can you commit to attend all of the training sessions? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you commit to attend the monthly required advocate meetings, usually on the 1<sup>st</sup> Tuesday of every month from 6:00 – 7:30 pm? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you make a 6-month volunteer commitment to MCRCC? Yes \_\_\_\_\_ No \_\_\_\_\_

Availability: Days \_\_\_\_\_ Nights \_\_\_\_\_ Weekends \_\_\_\_\_ Flexible \_\_\_\_\_

If there are times you are not available, please specify below:

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Do you have your own transportation? Yes \_\_\_\_\_ No \_\_\_\_\_

**Educational Background:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other languages spoken:** \_\_\_\_\_

**Hobbies and Interests:** \_\_\_\_\_

\_\_\_\_\_

**Is there anything else you would like to tell us?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**References: List the name and phone number of 2 personal references.**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**I declare under penalty of perjury that I have not been investigated, charged or convicted of any crime, misdemeanor or felony which is related to sexual assault, sexual abuse, domestic abuse, or any felony. I hereby certify that the facts set forth in this application are true and correct to the best of my knowledge and I authorize MCRCC's representatives to verify any/all information.**

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

*Please note that MCRCC reserves the right to refuse applicants into its volunteer training. Completion of advocate training does not guarantee certification as a sexual assault victim counselor, nor does it guarantee a volunteer assignment.*

*Revised 01/09/09*

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