



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?

Why do you want to volunteer with MCRCC?

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

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? _____

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

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: _____

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

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?

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 1st 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:

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.