



# VolunteerApplication

*Completing an application does not guarantee placement as a volunteer.*

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_ Position Title: \_\_\_\_\_

Name of Supervisor (May be contacted): \_\_\_\_\_ Phone: \_\_\_\_\_

Are you at least 20 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have your own transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have access to a telephone? <input type="checkbox"/> Yes <input type="checkbox"/> No

Why are you interested in volunteering with BRCC? \_\_\_\_\_

\_\_\_\_\_

Where did you hear about this opportunity? \_\_\_\_\_

\_\_\_\_\_

What experiences, skills, special education, or interests do you have that might help you work with victims of sexual violence? \_\_\_\_\_

\_\_\_\_\_

What strengths or abilities do you have that would make you an effective volunteer? \_\_\_\_\_

\_\_\_\_\_

Have you or has a family member ever been seen as a client at BRCC? \_\_\_\_\_

List three obstacles that might impede a victim from seeking help: \_\_\_\_\_

\_\_\_\_\_

How much time per month are you able to provide volunteer services for BRCC? \_\_\_\_\_

As a volunteer, you would be required to attend periodic meetings. These meetings are used, in part, as ongoing training. Are you willing and able to attend?    Yes    No

As a volunteer, you may be needed at late hours and/or on weekends. Do you believe this will create a problem?  Yes  No If so, please explain. \_\_\_\_\_

Are there any calls/clients that you can anticipate might be difficult for you to deal with?  Yes  No  
If so, please explain. \_\_\_\_\_

Sexual assault affects people of all backgrounds. With which three (3) groups would you anticipate having the most difficulty working?

- People of another race/ethnic background
- People of a different gender than me
- People under 18 years of age
- Seniors/Older adults
- People of a different sexual orientation than me
- People with a physical disability
- People with a mental disability
- People who actively use alcohol and/or drugs
- Other (please specify): \_\_\_\_\_

For what reasons? \_\_\_\_\_

**Please list three references (other than relatives or BRCC staff) that we may contact. One reference MUST BE a professional reference (e.g., present/previous supervisor, professor, etc.):**

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email (optional): \_\_\_\_\_

# Certification of Applicant

Have you ever been convicted, imprisoned, or fined for a felony?     Yes     No

If yes, please explain, giving date(s) and location(s): \_\_\_\_\_  
\_\_\_\_\_

I certify that all answers to the questions in this application are true, and I further understand that any false statement in this application will be sufficient grounds of rejection of the application or termination of employment/volunteer status without notice at any time hereafter. I agree to and authorize the Bluegrass Rape Crisis Center to complete a pre-employment drug screening and understand that a positive drug screening may result in rejection of the application. I further authorize the Bluegrass Rape Crisis Center to complete a criminal records check and a credit check if I have applied to a position subject to this requirement. I understand that the findings of a record check may be grounds for rejection of application or termination of employment/volunteer status without notice. I authorize the Bluegrass Rape Crisis Center to make all necessary investigations to verify information contained herein, and authorize and release from liability any and all references to provide information relevant to my application for employment/volunteering with the Bluegrass Rape Crisis Center.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Declaration of Confidentiality

In accepting my responsibilities as a volunteer with the Bluegrass Rape Crisis Center (BRCC), I, \_\_\_\_\_, hereby agree to treat as confidential all information about every BRCC client, as well as all medical, social and legal documents. I am aware that this information is confidential. If I receive identifying information that a minor child is currently or has been abused, under KRS 620, I must report this situation to my supervisor who will then report it to Child Protective Services. Following KRS 209 I will also report allegations of indicated adult abuse to Adult Protective Services per BRCC policy.

Any information shared by other staff and/or trainees in the context of training and/or the agency, shall remain confidential.

I further agree to exercise great care in protecting BRCC records from any scrutiny by unauthorized persons.

I understand that any breach of my above agreement will be considered reason for immediate termination of my association with the Bluegrass Rape Crisis Center.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date