

Volunteer Application

Name: _____ Phone (H): _____ Phone (W): _____

Street Address: _____ City: _____ State ____ Zip code: _____

Email: _____ Occupation: _____

Date: _____

If Currently a Student Please Document Year in School: _____

Educational background:

Other organizations/groups affiliated with:

1. Why would you like to be an advocate with PAVSA?

2. What is your definition of Sexual Assault?

3. Have you ever known anyone who was a victim/survivor of sexual assault?..... YES/NO
If Yes, Did They feel supported..... YES/NO
Have you ever been sexually assaulted?..... YES/NO
If Yes, Did You feel supported?..... YES/NO

4. What are your personal attitudes towards individuals who have been sexually assaulted?

5. What is your comfort level talking about and working with issues of sexuality?

6. What is your experience and level of comfort working with/advocating for an individual who identifies as being part of the following communities/cultures? (Please respond to each one)

African American _____

Native American _____

Asian American _____

Immigrant _____

Latino _____

Transgender _____

Gay, Lesbian, Bisexual _____

Persons with developmental or physical disabilities _____

Religious groups/faith communities (Please List) _____

7. We work in the Building for Women which also houses the Women's Health Center, an abortion provider. PAVSA advocates for the use of the Early Contraceptive Pill (High does of Birth Control Pills used to prevent pregnancy) with rape victims. Do you have any personal convictions regarding reproductive rights and PAVSA's involvement?

8. Please rate your comfort level working with the following issues if given training.

	(Lowest comfort) 1	2	3	4	5	6	7	8	9	10 (Highest comfort)
Suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Drug Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. How will you be supportive to persons affected by sexual assault who have values, views and/or lifestyles that are different from your own?

10. Describe your strengths.

11. Describe your weaknesses.

12. What kind of values did your parents/significant others impress on you?

13. How do you avoid becoming over stressed? How do you take care of yourself?

14. Have you had any special training (i.e., public speaking, communication skills, counseling, etc.) that would be relevant to working in the area of sexual assault?

YES/NO

If YES, please describe:

15. Are you available to attend all training sessions?

YES/NO

If NO, please explain.

16. Do you have available transportation?

17. Do you anticipate any changes in your life in the next 8 months which could affect your involvement as a PAVSA volunteer? (i.e., moving, changing jobs, going back to school)?

Each reference MUST have complete mailing address information

Name: _____ Tele #:(H) _____ (W) _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Name: _____ Tele #:(H) _____ (W) _____

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City: _____ State: _____ Zip code: _____

Name: _____ Tele #:(H) _____ (W) _____

Street Address: _____

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