



## Volunteer Application

*Thank you for your interest in volunteering at the SAC. As part of the normal procedure, we ask you to fill out this application and acknowledge the information is true, correct and complete. Depending on the type of volunteer opportunity for which you are interested, we may complete a background check. All information included on this application is kept in confidence and will not be disclosed to anyone without your permission.*

Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Which phone number is the best to reach you? Home Cell Work Other

Preferred method of contact: E-mail Regular mail Phone

Date of birth: \_\_\_\_\_ Gender \_\_\_\_\_

Present Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Job Title/Occupation: \_\_\_\_\_

### Education level

High School, highest grade completed: 9 10 11 12 Did you graduate? \_\_\_\_\_

College: \_\_\_\_\_ Degree & major: \_\_\_\_\_

College: \_\_\_\_\_ Degree & major: \_\_\_\_\_

Post-Grad: \_\_\_\_\_

### Community Work

**Clubs, organizations, and/or groups you are involved with:**

Name: \_\_\_\_\_ Role: \_\_\_\_\_

Name: \_\_\_\_\_ Role: \_\_\_\_\_

Name: \_\_\_\_\_ Role: \_\_\_\_\_

### **Volunteer experience**

Agency name: \_\_\_\_\_ Role: \_\_\_\_\_

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Agency name: \_\_\_\_\_ Role: \_\_\_\_\_

Agency name: \_\_\_\_\_ Role: \_\_\_\_\_

Other hobbies/special skills: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Interest areas:** *(Please review opportunities and rank in order of preference)*

Support\_\_\_      Companion\_\_\_      Community Outreach\_\_\_      Special Projects\_\_\_

**Briefly state why you are interested in becoming a volunteer at the SAC:**

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

**How did you hear about the SAC?**

\_\_\_\_\_

**Have you ever called the SAC Crisis Line for information or while in crisis?\_\_\_\_\_**

**To your knowledge, has a friend or family member called? \_\_\_\_\_**

**Do you feel you have any personal issues or attitudes which would limit your effectiveness in dealing with victims of rape or child sexual abuse?**

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

**Have you or anyone you know ever been a victim of rape or sexual abuse? If yes, describe the effect this experience had on you and/or your friend. How does this relate to your desire to work with the Center?**

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

**Have you ever known a sexual offender or someone you thought was? If yes, please explain your own reaction to this individual.**

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**List three skills or qualities that you have to offer that will be beneficial in your work at SAC.**

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**List three things you hope to gain from your work as a SAC volunteer.**

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**Is there anything else you want us to know about you prior to your interview?**

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## References & Authorization

*This information is confidential. Please print full names, complete mailing addresses, including city state and zip, phone numbers and relationships of four (4) people you authorize us to contact who have known you well and would be in a position to evaluate your qualifications as a volunteer with the SAC. One reference must be a person who has known you for at least three (3) years. Another must be a current employer or former employer (May include a volunteer job). PLEASE DO NOT USE RELATIVES.*

Name:	Relation-ship:	Yrs. Known:	Mailing Address: <i>(Include city, state and zip.)</i>	Phone:	Email:
1.					
2.					
3.					
4.					

**What are the best times for your volunteer work?** *(circle all that apply)*  
 Weekdays                      Weekday Evenings                      Weekends

**STATEMENT OF ACCURACY AND AUTHORIZATION:**

This form has been completed to the best of my ability, and I believe all answers to be true and factual. I hereby give my permission for you to check with the above named references. At the same time, I give you my authorization to conduct a criminal background check.

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

**Please return to:**  
**The Sexual Assault Center**  
 101 French Landing Drive—Nashville, TN 37228  
 (615) 259-9055 ext. 324; (615) 244-6855 [FAX]  
 slackey@SACenter.org; [www.SACenter.org](http://www.SACenter.org)



## Sexual Assault Center Confidentiality Contract

The Tennessee state law states: "The confidential relations and communications between counselors...and clients are placed upon the same basis as those provided by law between attorney and client..." TCA Section 63-1117. Information regarding services is controlled by the client. There are two exceptions to this rule, as follows: 1) in the case of an emergency when there is imminent danger to the client or other person, the counselor may breach the requirement of confidentiality; 2) Tennessee law requires that any person who knows or suspects that a child is being abused is required to report this information to the Department of Children's Services.

I fully understand the need for strict confidentiality concerning all information received from or about clients of the Sexual Assault Center.

As a matter of this service, I will not discuss or reveal any information concerning clients to anyone outside of the agency, without the client's permission, except in the unusual circumstances outlined by the Sexual Assault Center's policies (when someone's life is in clear and imminent danger, or a case of suspected abuse of a child.)

I fully agree to contact my supervisor or the on-call staff anytime I have questions concerning confidentiality.

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Volunteer Signature

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Date

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Printed Name

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SSN for background check