



*Victims • Outreach • Intervention • Counseling • Education*

**44 Merrimon Avenue, Suite 1, Asheville, NC 28801  
828-252-0562**

**Volunteer Advocate Application**

Date: \_\_\_\_\_

**PERSONAL INFORMATION**

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

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Age: \_\_\_\_\_ Race (optional) \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

May we contact your supervisor? Y N Supervisors Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

How long have you worked for this employer? \_\_\_\_\_

Education (please circle the last year completed)  
1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 Graduate School 1 2 3 4 Other:

Degree(s)/ Major (s): \_\_\_\_\_

Other Training: \_\_\_\_\_

Prior Volunteer Experience:

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Hobbies, Interests, Special Skills:

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Relevant Experience and/or Training:

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**Advocate Volunteer Questionnaire:**

- Are you currently able to complete the 21-hour volunteer Advocate training?
- Are you able and willing to be on-call for either a 16 hr or 24 hr on-call shift, 2-3 times a month?
  
- Are you able and willing to respond to a crisis call in the middle of the night?
- Do you agree to keep all client information completely confidential?
  
- Will you keep accurate reports of all crisis calls and submit all reports to the office or online by the next business day morning? (Our VOICE provides client contact report forms)
  
- Can you commit to attend volunteer support/in-service training meetings 4 to 6 times a year?
  
- Would you feel comfortable assisting a victim of sexual assault who is 13-17 years of age?
  
- If you work outside of your home, would your employer be aware of your commitment to Our VOICE? You may be on the phone with a caller in the early morning hours, or at the hospital for four or more hours during the process of collecting sexual assault evidence.
  
- If yes, is your employer supportive of your volunteer commitment?

**As a precautionary measure for potential volunteers and agency clients, it is essential that we at Our VOICE ask the following questions.**

- What strengths and relevant experience do you bring to the volunteer Advocate role?
  
  
  
  
  
  
  
  
  
  
- What do you see as potential limitations in your role as an Advocate?
  
  
  
  
  
  
  
  
  
  
- Please describe why you are interested in becoming a volunteer with Our VOICE.
  
  
  
  
  
  
  
  
  
  
- How did you hear about this volunteer opportunity?

**At Our VOICE, we are committed to supporting volunteers through ongoing supervision with the volunteer coordinator. We recognize that a number of our volunteers are survivors of sexual violence. If you or anyone close to you has ever been a victim of sexual violence, please know that we are available to support you through counseling.**

- Please describe your feelings about this and how it may relate to your role as a volunteer Advocate. *If you would prefer to discuss this in person, during your volunteer interview, please indicate this preference.*

References: Please list the complete name, street address, city, state, zip, area code, telephone number and relationship of three people (all non-relatives) who have know you for at least one year. Please include at least one professional reference.

- 1) \_\_\_\_\_  
\_\_\_\_\_
- 2) \_\_\_\_\_  
\_\_\_\_\_
- 3) \_\_\_\_\_  
\_\_\_\_\_

**BEFORE SIGNING THIS APPLICATION, PLEASE CAREFULLY READ THE FOLLOWING**

I certify that all information I have supplied in this application is accurate and truthful to the best of my knowledge. I understand that completion of the training course does not automatically qualify me to be a Volunteer Advocate with Our VOICE and that such qualification will be determined by the volunteer supervisor once training is completed. I understand that if I am certified as a Volunteer Advocate that I will be placed on a three month probationary period.

\_\_\_\_\_  
Signature of Application

\_\_\_\_\_  
Date