



Helping Our Community Become Silent No More

Volunteer Today!

There are many ways in which you can make a difference!

We know that your time is very important to you and we appreciate any time you can offer to assist us in supporting those impacted by sexual violence.

Some of the ways you can help are through volunteering your time to assist us in fundraising events, awareness events, office bulk mailings and other administrative support, as well as offering your time directly to those impacted by sexual violence within the communities you live in. Due to the sensitivity and confidentiality of the work we do with and on behalf of victims, we do require staff supervision and training for anyone who wishes to volunteer with our agency. There are requirements for all volunteers and the following are the mandatory hours that would be required for each of them.

Administrative Partner—This is a volunteer that provides support within our administrative offices for mailings and other campaign & fundraising efforts. This effort would not entail any direct client work; however it would be beneficial to support us on our larger administrative needs. *(This does not have a minimum training requirement, however you will still need to fill out an application, sign a confidentiality statement as well as have a background check done in this role).*

Community Partner—This is a volunteer that wishes to assist us in our fundraising and outreach efforts within the communities we serve and may have contact with direct clients when volunteering at our agency events. *(This has a minimum of (8) hours of training and you do have to fill out an application and have a background check done prior to volunteering within this role).*

Support Line Advocate—This is a volunteer that wishes to do direct client work on our 24-hour support line, provide direct client support within their communities and may also choose to volunteer in other roles within our agency from time to time. *(This has minimum of (40) hours of training and will have to fill out an application and have a background check done prior to volunteering within this role).*

To learn more about ways in which you can volunteer within your community or to get more information about the volunteer roles we have to offer visit www.silentnomore.org or contact us at:

office@silentnomore.org or call: 207-377-1010.

Please mail the filled out application to:

www.silentnomore.org

P.O. Box 417
Winthrop, ME 04364
Admin: 207-377-1010
Fax: 207-377-1013

Partially Funded by



Maine Dept. of Health and Human Services

24-Hour, Confidential
Sexual Assault Support line
1-800-871-7741

Sexual Assault Crisis & Support Center Volunteer Application

Date _____ Name _____

Occupation _____

D/O/B _____ S.S. # _____

Home Address: _____

Email Address: _____

Telephone # (Home) _____ (Work) _____

In which area are you interested in working? *(See attached description of each position)*

(You may check more than one)

Support Line Advocate **Community Partner** **Administrative Partner**

Number of shifts a month you will be able to work as a support line Advocate: _____

What shifts are you available: 8am-5pm _____ 5pm-8am _____

Weekdays: _____ Weekends: _____ Holidays: _____

Do you have access to reliable transportation? **YES/ NO**

Once a SAC&SC volunteer, would you be able to attend monthly in-service meetings?

(This is required for Hotline Advocates) **YES/NO**

(What days and times may be difficult for you?) _____

How did you hear about the Sexual Assault Crisis & Support Center?

What are your reasons for wanting to volunteer at the Center? _____

Given your present understanding of the work of SAC&SC, what do you feel you can bring to this program? _____

What previous experience do you have in similar areas of crisis training? _____

Would you be uncomfortable with clients, such as prostitutes, people with alcoholism, welfare recipients, incest victims, African-Americans, homosexuals, children, runaway children and other victims? (a "yes" does not mean that you are not appropriate for our center. We invite you to feel free to change your answer at any point during your advocate training). _____

Are you especially comfortable with or well-qualified to work with some particular kind of client? _____

In being a sexual assault volunteer advocate, what would you find most positive or rewarding? _____

Most difficult or negative? _____

Have you ever been convicted of a felony? _____ Yes _____ No

Are you willing to make a one year (1) commitment to the Sexual Assault Crisis & Support Center? Yes/No

The Sexual Assault Crisis & Support Center
Protection of Privacy and Confidentiality

Information about clients or their contact with the Sexual Assault Crisis & Support Center, or personal information about staff and volunteers, gained through volunteer training, shall be kept in complete confidence. No information shall move beyond agency staff, volunteers or the Board of Directors without the client's informed and written consent except as required by State or Federal statute. Provision for the protection of the client's right to privacy shall be maintained at all times within the Agency. The client's right to privacy within the SAC&SC shall be paramount and information shall be shared only for clinical purposes. Release of information by an employee or volunteer, without the client's informed and written consent shall be considered grounds for dismissal.

Any exceptions to the above policy are solely the responsibility of the Executive Director and the President of the Board. Under no circumstances is the volunteer to break confidentiality without approval from the Executive Director or Board President.

I, _____ agree to abide by the above stated confidentiality policy both during and after my involvement with the Sexual Assault Crisis & Support Center.

Signature Date

Witnessed By Date



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Volunteer Reference Form

Applicant's Name: _____ Position: _____

Reference's Name: _____ Phone (home): _____

Address: _____ Phone (work): _____

Relationship to Applicant: _____

Length of time you have known applicant: _____

In your experience, would you consider the applicant to be:

Reliable and Dependable ___ Yes ___ No

Caring and Supportive ___ Yes ___ No

Independent Thinker ___ Yes ___ No

Comfortable and Effective with people ___ Yes ___ No

Does he/she possess sound judgment ___ Yes ___ No

Does he/she take supervision well ___ Yes ___ No

Does he/she follow direction well ___ Yes ___ No

Does he/she apply new learning ___ Yes ___ No

In your opinion, is the applicant well-suited to this volunteer position? _____

(If no, please explain) _____

Additional Information or comments: _____

Signature: _____ Date: _____

www.silentnomore.org

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