

**APPLICATION for SEXUAL VIOLENCE ADVOCATE TRAINING**  
**TO REGISTER: Please complete and return to CONTACT.**



**PO Box 333 – Moorestown, NJ 08057**

Office: 856-234-5484 Fax: 856-778-3880

email: [info@contactburlco.org](mailto:info@contactburlco.org)

website: [www.contactburlco.org](http://www.contactburlco.org)

I am interested in:	Training Fee
_____ Morning Sessions	_____ \$50.00 (to cover cost of training manuals/materials - partial refund available)
_____ Evening Sessions	_____ \$250.00 (education only/no volunteer commitment)
_____ Summer <i>or</i> Saturday Sessions (circle)	

**1. Personal Information**

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

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

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Age Group (circle one)      18-39      40-65      65+

*CONTACT volunteers must be 18 years old and a high school graduate at time of application.*

**2. Skills and Interests**

Education Background/Training:

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Current Occupation: \_\_\_\_\_

Hobbies, Interests, Skills:

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Previous Volunteer Experience:

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3. General

Write a brief statement why you wish to volunteer for CONTACT of Burlington County:

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What do you think are your strengths and weaknesses relating to people in crisis?

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Have you taken CONTACT training in the past?\_\_\_\_\_

If yes... When\_\_\_\_\_ Where\_\_\_\_\_

Have you ever been convicted of a crime in any state or country?\_\_\_\_\_

If yes, please provide details\_\_\_\_\_

4. Commitment (must choose one)

\_\_\_\_\_ Required training course (50 hours) and one year of volunteer service to CONTACT Sexual Assault Services (4 shifts per month).

*Please note: Additional \$200 fee will be charged if training is completed but no volunteer service donated.*

\_\_\_\_\_ Required training course for education only with no volunteer service commitment.

5. References

How did you learn about CONTACT and its volunteer training program?

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List name and phone number of two references:

Name\_\_\_\_\_ Phone\_\_\_\_\_

Name\_\_\_\_\_ Phone\_\_\_\_\_

Please read this statement carefully and acknowledge acceptance by your signature below:

I have truthfully answered all questions in this application and agree to honor the service/fee commitment I have chosen. I agree to be on-time and attend every session in its entirety. Realizing that confidentiality is the cornerstone of the CONTACT program, I agree that I will keep in strict confidence any information that should come to me during training sessions. I understand a *Background Check* may be required. I agree that I may be asked to withdraw from training at any time. I acknowledge that I may resign from training at any time. I also agree that in the event of my withdrawal or resignation, I will keep confidential any and all information I know related to the work of CONTACT.

Signature\_\_\_\_\_ Date\_\_\_\_\_