

APPLICATION for Sexual Violence Advocate Volunteer Training

TO REGISTER: Please complete and return to CONTACT with training fee and Photo ID.



PO Box 333 – Moorestown, NJ 08057
Office: 856-234-5484 Fax: 856-778-3880
email: info@contactburlco.org website: www.contactburlco.org

I am interested in:	Training Fee
_____ Morning Sessions	_____ \$50.00 (to cover cost of training manuals/materials)
_____ Evening Sessions	_____ \$250.00 (education only/no volunteer commitment)
_____ Summer or Saturday Sessions (circle)	OFFICE USE: Fee Paid CK _____ Cash _____ Amount _____

1. Personal Information

Name _____

Address _____

Phone (H) _____ (W) _____ Cell _____

Emergency Contact _____ Phone _____

E-mail (**required**) _____

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:

Current Occupation: _____

Hobbies, Interests, Skills:

Volunteer Experience (list organizations and type of volunteer work):

Organization _____ Position _____

Organization _____ Position _____

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3. General

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

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

Strengths _____

Weakness _____

Have you taken CONTACT or Sexual Assault Advocate training in the past? Yes _____ No _____

If yes... When _____ Where _____

Have you ever been convicted of a crime in any state or country? Yes _____ No _____

If yes, please provide details _____

4. Commitment (must choose one)

_____ Training course, apprenticeship and one year of volunteer service to CONTACT’s Sexual Assault Services Program at 4 shifts per month commitment (\$50).

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

_____ Training course for education only with no volunteer service commitment (\$250 fee)

5. References

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

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 have attached my Photo ID and 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 _____

Copy of Photo ID attached.