



Volunteer Helpline Advocate: Application Packet

Thank you for your interest in Sexual Assault Response Services of Southern Maine (SARSSM)! We welcome you to complete this application packet and look forward to the possibility of you joining our advocacy team. Completed applications may be dropped off in person, mailed to P.O. Box 1371, Portland ME 04104 or emailed to infosars@sarsonline.org; our administrative office may be reached at 207-828-1035.

SARSSM'S mission is to Help, Empower, Support, Advocate for and Inspire Hope for Survivors of Sexual Violence. We offer services to improve community awareness and response by providing prevention and education programs throughout Cumberland and York Counties.

SARSSM does not discriminate against any person. We support people regardless of race, ethnicity, gender, income level, abilities, sexual orientation, religion or age. It is necessary that individuals involved with SARSSM be comfortable and willing to work with persons from diverse backgrounds.

Applicant Name _____ **Date** _____

(Please include a resume with your application or complete the section below).

Address _____

Phone _____ Cell _____ Work phone _____

E-mail _____

Volunteer Experience Please explain your volunteer experience, including organization name, address, volunteer position, and dates/duration of volunteer experience:

Employment History Please list your current employer and at least two previous places of employment.

Company	Address	Position	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

References Please distribute the three reference forms (attached) and have them returned to SARSSM by mail, email or in person as described above.

Education

Highest level of study completed (circle one): High School – Some College – College – Masters
Major _____ Degree _____ Year _____

Please share how were you introduced to SARSSM:

What interests you about becoming a Volunteer Helpline Advocate at SARSSM?

If you successfully complete the training program, are you able to complete at least one year of advocacy on SARSSM Helpline?

Is there anything else you would like us to know?

Additional Information & What to Expect on the SARSSM Helpline

- SARSSM conducts background checks prior to individuals going on to the Helpline. If you have concerns about this policy and/or have a criminal record that you would like to share, prior to SARSSM conducting the background check, please speak with the Program Manager of Advocate and Outreach Services at 207-828-1035.
- Attending and completing SARSSM's advocate training program does not guarantee you will become a Volunteer Helpline Advocate at SARSSM.
- Helpline advocates do not share personal information or personal life experiences with callers.
- The SARSSM Helpline receives calls from individuals with diverse backgrounds and life experiences. While acting as a Volunteer Helpline Advocate at SARSSM you may talk with a caller who is a sex worker, an incest survivor, an individual who identifies as lesbian, gay, bisexual or transgender, a male survivor, a woman who wants to have an abortion, a person of color or an individual with a disability.

Volunteer Advocate: Expectations & Responsibilities

Include but are not limited to the following:

- Be 18 years of age or older
- Maintain confidentiality at all times
- Complete the Sexual Assault Education and Awareness Training and all necessary paperwork
- Sign off on the Helpline Advocate Program Policies and Procedures Handbook
- Attend at least 8 of the monthly advocate meetings per year.
- Have knowledge about community resources
- Refer callers to other service providers as desired
- Answer questions and explain information about sexual violence
- Provide emotional support and information in a non-judgmental manner
- Demonstrate active listening techniques and advocacy skills through role plays
- Report appropriate information to the police and/or the Department of Health and Human Services
- Accompany survivors to the hospital and/or police station if necessary
- Contact the staff back-up when following Helpline activity
- Create and maintain an organized system for your advocacy materials
- Periodically review important Helpline advocacy information

By signing below, I acknowledge I have reviewed and agree to abide by these expectations and responsibilities of a volunteer advocate. I attest that I am volunteering for civic, charitable or humanitarian reasons, without promise, expectation or receipt of compensation for services rendered. I offer my services freely and without pressure or coercion, direct or implied, and am not employed by SARSSM to perform the same type of services as those for which I am volunteering.

Printed Name

Signature

Date: _____



Volunteer Helpline Advocate: Reference Form

TO BE COMPLETED BY THE INDIVIDUAL MAKING THE REFERENCE. THIS REFERENCE WILL BE CONTACTED.

Applicant Name _____

Reference Name _____

Reference Address _____

Phone _____ Cell _____ Work Phone _____

Relationship to applicant _____

Length of time you have known the applicant _____

Would you consider the applicant to be:

Reliable and dependable?

Caring and supportive?

An independent thinker?

Comfortable and effective working with people?

Comfortable working with people from diverse backgrounds?

Does the applicant use sound judgment?

How does the applicant receive feedback well?

In your opinion, is this applicant appropriate for a volunteer advocacy position at SARSSM?

Does the applicant have limitations we should be aware of?

Is there anything else you would like us to know?

Signature _____

Date _____

Thank you for helping Sexual Assault Response Services of Southern Maine continue to provide supportive and appropriate services to survivors of sexual violence and concerned others!



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