

YWCA North Shore Rape Crisis Center

Volunteer Application

At the YWCA North Shore Rape Crisis Center, volunteers and staff work together to provide survivors and their loved ones with support, resources, and the freedom to determine the course of their own healing process. We also share the responsibility of raising awareness within our communities and engaging them in efforts to prevent future assaults. On behalf of the individuals and communities we serve, we thank you for your interest in joining our team and for taking the time to begin our application process. After reviewing the attached descriptions of available volunteer opportunities, please read each question carefully and answer honestly before submitting your application for consideration.

Name: _____

Date: _____

Address: _____

Phone: H _____

Street

Apt #

C _____

City

State

Zip

E-mail: _____

Can specific messages (concerning where we are calling from and what it regards) be left on your voice mail? YES NO

If no, what information may we leave?

How did you hear about YWCA NSRCC?

After reading the descriptions for all the volunteer opportunities (attached below), please check off the volunteer program(s) you are interested in.

Hotline Counselor

Medical Advocacy

Community Engagement

Other Volunteer, please specify: _____

Counseling Intern

Other Internship, please specify: _____

Are you able to fulfill the requirements for the program(s) you are interested in? YES NO

If no, please explain.

Consider your plans for the coming year; are you able to make a one year commitment to volunteer with YWCA NSRCC? YES NO

If no, please explain. What commitment are you able to make at this time?

How often would you like to volunteer?

Once a week Twice a week
 Every-other week Special Events Other _____

When are you consistently available to volunteer? Please circle all that apply:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
6:00am-12:00pm						
12:00pm-6:00pm						
6:00pm-12:00am						
12:00am-6:00am						

Completion of all 40 hours of the Rape Crisis Counselor Training is mandatory prior to the start of any direct service work (hotline, medical advocacy, individual/group counseling), and/or representing NSRCC within the community. **Are you able to attend all sessions of the Rape Crisis Counselor Training?** YES NO UNSURE

If no/unsure, will you commit to attending make-up session(s) if available? YES NO

Do you have any specific needs we should be aware of that may impact your attendance at the training or your ability to volunteer? (*Ex: childcare, medical, physical, learning styles, etc.*) If so, please list any accommodations that may be necessary and/or helpful.

Which language(s) are you fluent in? Please list all languages you would be comfortable providing services in.

How do you handle conflict?

Without disclosing any personal details, please tell us in a few words what “rape” means to you and how sexual assault has affected your life and/or outlook on society.

Describe your communication style.

Do you have any concerns related to volunteering at YWCA NSRCC? Please explain.

Do you have any special skills, certifications, or training which you feel would be helpful in your work as a volunteer at YWCA NSRCC?

We do not require anyone to have a background in rape crisis work to join our center, but we welcome those who have had some prior experience. If you have done similar work through a rape crisis center, domestic violence agency or other organization, please fill out the following:

Organization name: _____

Address: _____

Phone number: _____ Your supervisor: _____

Dates you were an active member: _____

What were your responsibilities: _____

Have you been through RCC training in Massachusetts? If yes, what date? _____

Is there anything else we forgot to ask about that you think we should know? Do you have any questions or comments you'd like to share?

List two references who can speak to your readiness and ability to volunteer at YWCA NSRCC.

Name_____

Phone_____

Title (if applicable)_____

Relationship to you_____

How long have you known this person? _____

Name_____

Phone_____

Title (if applicable) _____

Relationship to you_____

How long have you known this person? _____

Please mail completed applications to:

**YWCA North Shore Rape Crisis Center
20 Central Avenue, Suite 510
Lynn, MA 01901
Attn: Volunteer**

Fax to (781) 477-2314 or email to sdoberman@ywcalawrence.org

The Commonwealth of Massachusetts requires us to perform criminal record checks (CORI) on all incoming volunteers and interns. CORI checks are submitted at the time of an applicant's interview. A finding does not necessarily disqualify someone from acceptance.