

Application for
CENTRE SAFE
VOLUNTEER COUNSELOR/ADVOCATE TRAINING

Check the training session for which you are applying:

_____ Summer (May-August) 20__

_____ Fall (September-November) 20__

NAME: _____ TODAY'S DATE: _____

ADDRESS: _____

E-MAIL: _____

PHONE: Primary contact #: _____ (cell or landline)

Additional contact # (if applicable) _____ (cell or landline)

OCCUPATION: _____

If a student, major and graduation date: _____

How did you learn about the Center? _____

Why are you interested in becoming a trained Volunteer Counselor/Advocate for the Center? _____

Please describe the type of volunteer work that you would like to offer. _____

Although not a requirement to be considered for training, describe any experience and/or training you have had in the domestic violence and/or sexual assault fields. _____

What do you hope to gain from this experience? _____

Are you violence-free in your own life? _____

Have you received services from us? If so, when? _____

Following training, how long of a commitment are you able to make to the Center? (The minimum is 1 year.) _____

What questions or concerns do you have about volunteering at the Center? _____

***Note: It is not uncommon for survivors of sexual assault and /or domestic violence to want to help others. You do not have to indicate that you are a survivor but be certain that you have reached a comfortable stage in your own recovery before entering this work. You will be asked this question during your interview.*

Provide two personal or professional references:

1. Name _____ Phone _____
Address _____

2. Name _____ Phone _____
Address _____

I understand that training to become a certified Domestic and Sexual Violence Counselor/Advocate is a serious commitment. I also understand that all contact with clients is strictly confidential.

Signature: _____ Date: _____

Thank you for your interest. I will contact you to schedule an interview before the training session begins. I look forward to meeting you in person in the near future.

Meredith Hall
Director of Volunteer Programs
Centre Safe
mhall@centresafe.org
814.238.7066
1/19 mch