



Memphis Sexual Assault Resource Center

Volunteer Application

Name _____

Date of Application _____

Social Security Number _____

Birth Date _____

Address _____

City/State/Zip _____

Home Phone _____ Work Phone _____

Email _____

Emergency Contact:

Name _____

Relationship _____

Phone number (s): _____

Education (highest level): _____ High School _____ College _____ Graduate

How did you become aware of this volunteer opportunity? _____

Why do want to volunteer at the Memphis Sexual Assault Resource Center?

Have you ever been arrested or questioned by law enforcement for anything other than a

traffic ticket? If yes, please describe. _____

Please list any volunteer activities in which you have participated in the past 5 years:

Please describe any particular training or skills that may be useful in your volunteer work at this agency.

- | | |
|---|--|
| <input type="checkbox"/> Gardening skills | <input type="checkbox"/> Public speaking / teaching |
| <input type="checkbox"/> Special event planning | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Research | <input type="checkbox"/> Computer skills (please specify): |
| <input type="checkbox"/> Physician or RN or NP | <input type="checkbox"/> Other (please specify): |

What type of time schedule are you interested in?

- Periodic help with special projects
- One time only project
- Regular volunteer commitment

If you are interested in regular volunteering, please specify # of hours per month you would be interested in:

3-6 7-10 11-15 16 or more

Please specify days of the week you are most available:

- weekends only daytime during Monday-Friday evenings during Monday-Friday
- variable other (please specify):

What type of volunteer tasks are you interested in? (check all that apply)

- Helping with special events
- Public speaking
- Helping maintain the children=s playground garden
- Specialized computer assistance
- Mailings
- Other (please specify): _____

Do you have any physical limitations? If so, please explain: _____

Are you willing/able to attend several hours of volunteer training to become educated about sexual assault and MSARC services? yes no

What is the best time to attend volunteer training?

during regular working hours (M-F, 9:00-5:00)

after work during the week

Saturdays

Have you, or someone close to you, ever been the victim of sexual abuse or assault? If so, please include whether or not you/they have ever received treatment for the abuse and when the treatment concluded. (Sexual abuse/assault includes fondling, exhibitionism, exploitation, attempted rape, and rape.)

Please describe any training and/or experience you have in public speaking: _____

Please check off any of the following types of outreach that interests you, and is appropriate to your life experiences and personal strengths.

Talking to small groups of adults

Talking to large groups of adults

Being interviewed by the media (television, radio, press) discussing your experience as a victim/survivor of sexual assault (Periodically we get requests from the media to interview a survivor of sexual assault. When this occurs, MSARC would contact the survivor with the request. The survivor would make arrangements with the media directly. The media will often honor requests for the survivor to remain anonymous.)

.....

Please provide your employment history for the last 5 years:

Dates of Employment: _____
Place: _____
Street Address: _____ City/State/Zip: _____
Phone: _____
Reason for leaving: _____
.....

Dates of Employment: _____
Place: _____
Street Address: _____ City/State/Zip: _____
Phone: _____
Reason for leaving: _____

Dates of Employment: _____
Place: _____
Street Address: _____ City/State/Zip: _____
Phone: _____
Reason for leaving: _____
.....

Dates of Employment: _____
Place: _____
Street Address: _____ City/State/Zip: _____
Phone: _____
Reason for leaving: _____
.....

Dates of Employment: _____
Place: _____
Street Address: _____ City/State/Zip: _____
Phone: _____
Reason for leaving: _____
.....

Please provide two references (other than family members) who may be contacted to provide information on your ability to serve as a volunteer in this agency.

Name _____
Address _____ City/State/Zip _____
Phone _____
Relationship to You _____
.....

Name _____
Address _____ City/State/Zip _____
Phone _____
Relationship to You _____
.....

Please note: Since Tennessee law requires that all volunteers who work in an agency serving children be investigated for any previous complaints of child abuse, the information provided in this application will be

verified as to its completeness and accuracy. I understand it will be necessary for the Memphis Sexual Assault Resource Center to check my references. I hereby give my consent for this information exchange and authorize such persons to release any information requested by the Memphis Sexual Assault Resource Center. I certify that the statements made in this volunteer application are true and correct and have been given voluntarily.

Applicant Signature

Date

Thank you for taking the time to fill out this application. We appreciate your interest in volunteering and we will get back to you regarding volunteer opportunities.

Please return this completed application to:

**The Memphis Sexual Assault Resource Center
Attention: Community Education Coordinator
2675 Union Avenue Extended
Memphis, TN 38112**