



**KAMLOOPS SEXUAL ASSAULT
COUNSELLING CENTRE**

601 – 235 1ST Avenue, Kamloops, BC V2C 3J4
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www.ksacc.ca

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Volunteer Application Form

This application form is designed with the purpose of helping you inform us of your skills, knowledge and experiences relevant to being a volunteer with the Kamloops Sexual Assault Counselling Centre. This form, together with a personal interview, will help you and us determine whether volunteer training for the Sexual Assault Response Team is the right fit for all involved at this time. Personal information will be kept confidential.

Please answer the questions as completely as possible and feel free to use more paper or add space to a question if you are typing your answers. If you have any questions or concerns about the application form, please feel free to contact us as 250-372-0179.

Please return this form by email to charlene.eden@ksacc.ca. You can also mail the application form to the above address.

NOTE: We ask that you do not drop the application off in person to ensure our clients' right to privacy and confidentiality. Thank you very much.

PERSONAL INFORMATION:

Name: (first) _____ (last) _____

Address: (number and street name) _____

(city) _____ (postal code) _____

Phone: (home) _____ (cell) _____ (other) _____

Email: _____

Date of Birth: (month) _____ (day) _____ (year) _____

Gender: Female Male Other (please specify) _____

1. Can you tell us about your educational background?

2. Can you tell us about your employment history?

3. Can you tell us why, at this particular time in your life, you have chosen to want to volunteer as a member of the Sexual Assault Response Team? (SART)

4. What do you hope to gain from being a SART volunteer?

5. Can you tell us about any previous volunteer experience you have had and how it may relate to this volunteer position?

6. What clubs, organizations or associations are you involved with?

7. What are your hobbies, interests, special talents or skills?

8. **KSACC is a feminist organization. What does feminism mean to you?**

9. **Everyone has biases. Please describe one bias you have around sexual assault.**

10. **Everyone at some time has had to turn to someone for help. Describe a situation when you have reached out to someone for help.**

a. **Describe how it felt to approach this person**

b. **What did you experience as helpful?**

c. **What did you experience as NOT helpful?**

11. **What do you think will be the most difficult part of being a SART member?**

12. What do you see as your role as a SART member?

13. How would you describe yourself (strengths and weaknesses)?

14. What are some of your own life experiences that might be useful to you as a SART team member?

15. The training requires an extensive time commitment. Are you willing to commit to the full training?

- YES NO

16. SART will begin as an on-call team from Friday at 4:30 pm to Monday morning at 8:00 am. As we grow the team, this will grow to include weeknight coverage as well. As a member of the second group of volunteers, the time commitment will likely be one weekend on call every 12-16 weeks. Are you willing to make this initial commitment to the team?

- YES NO

17. Do you anticipate any changes that might affect your commitment to the program?

- YES NO

If yes, please explain.

18. How would a close friend describe you?

19. Do you have access to a car? YES NO

20. Do you speak any language other than English? YES NO

Please list other languages:

21. A criminal record/vulnerable person's check is required for all Kamloops Sexual Assault Counselling Centre staff and volunteers. Would you be willing to have a criminal record/vulnerable persons check completed?

YES NO

22. Please provide three references (ideally one work; one volunteer; and one personal)

WORK REFERENCE:

Name: _____

Address: _____

Email: _____

Telephone: _____

VOLUNTEER REFERENCE:

Name: _____

Address: _____

Email: _____

Telephone: _____

PERSONAL REFERENCE:

Name: _____

Address: _____

Email: _____

Telephone: _____