



**KAMLOOPS SEXUAL ASSAULT  
COUNSELLING CENTRE**

601 – 235 1<sup>ST</sup> Avenue, Kamloops, BC V2C 3J4  
P: 250-372-0179 F: 250-372-2107

[www.ksacc.ca](http://www.ksacc.ca)

[facebook.com/kamloopsassaultcentre](https://www.facebook.com/kamloopsassaultcentre)  
[twitter.com/ksacc\\_ksacc](https://twitter.com/ksacc_ksacc)

## 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 Domestic Violence/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 Friday September 28, 2018. You can email your application to [dvsart@ksacc.ca](mailto:dvsart@ksacc.ca) or 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.**

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**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. What relevant or related education/jobs/training/volunteer experience or personal qualities do you have that you feel would make you a suitable candidate for training/working on the DV/SART team?**

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

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**3. What do you hope to gain from being a DV/SART volunteer?**

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

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

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**6. Everyone has biases. Please describe one bias you have around sexual assault or domestic violence.**

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**7. What is your personal understanding of why sexual assault and domestic violence happens?**

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

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

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

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**11. The training requires an extensive time commitment. There will be one weekly training on a weeknight and additional weekend training, over the course of several months. Missing training sessions may result in you being unable to join the DV/SART program. Are you willing to commit to the full training?**

YES

NO

12. DV/SART is currently on-call from Friday at 4:30 pm to Monday morning at 8:30 am. As we grow the team, this will eventually include weeknight coverage as well. You will be expected to be on call approximately once a month, for a weekend or several weeknights. Are you willing to make this initial commitment to the team?

- YES                       NO

13. There is an expectation that once you've completed training, you will be available to volunteer with the DV/SART program for at least one year. Do you anticipate any changes that might affect your commitment to the program?

- YES                       NO

If yes, please explain.

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

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

Please list other languages:

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16. 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

**17. 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: \_\_\_\_\_