



Date of Application: _____

APPLICATION FOR VOLUNTEER ADVOCATES

Name: _____

Email: _____

Address: _____

Phone: (Home) _____ (Cell) _____

Date of Birth: ____/____/____

Do you have access to a vehicle, and would you be willing to use it to transport clients?

Yes ___ No ___

Do you have valid auto insurance? Yes ___ No ___

Employment Status: FT ___ PT ___ Not Employed/Retired ___ Student ___

Current employer name and phone: _____

Are you fluent in any languages other than English? Yes ___ No ___ If yes, please list: _____

What volunteer opportunities interest you?

___ Victim Advocate*

*Must complete 42 hour advocate training.

___ Court Advocate*

___ Child Care

___ Office/Administrative

___ General Agency Assistance (e.g. fundraising, presentations, booths, maintenance etc.)

Availability

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Daytime							
Nighttime							

Education

	School	City	State	Year Completed
High School				1 2 3 4
College				1 2 3 4
Other				



1. How did you hear about Alternatives to Violence's volunteer program?

2. Please describe any previous volunteer experience you have:

3. Have you ever been arrested for a crime against a person or investigated for a domestic, child, or sexual abuse offense? Yes ___ No ___

a. If yes, please explain:

4. Have you ever been a recipient of services provided by ATV? (Please note, the answer does not preclude you from volunteering as an advocate) Yes ___ No ___

a. If the answer is yes, was it more than 4 years ago?

Yes ___ No ___

5. If you have experienced family violence, sexual assault, child abuse, incest, or have been a victim of another violent crime, have you gone through two years of therapy?

Yes ___ No ___ N/A ___

6. Are you able to make a year-long commitment to volunteer with ATV? Yes ___ No ___

7. Victim Advocates need to quickly respond by phone (5 minutes) and in person (30 minutes) to calls from community members, the Loveland Police Department, and area medical centers. Will this be a problem for you? Yes ___ No ___ N/A ___

a. If yes, please explain:

8. Court Advocates attend court with clients in Fort Collins, Loveland, and Greeley. Will this be a problem for you? Yes ___ No ___ N/A ___

a. If yes, please explain:

9. Are you able to complete, with or without reasonable accommodations, the essential functions outlined in the volunteer job description of the position in which you are interested?

Yes ___ No ___



References

Please list three references other than family or spouse that know you well.

1.	_____	_____	_____
	Name	Phone	Relationship
2.	_____	_____	_____
	Name	Phone	Relationship
3.	_____	_____	_____
	Name	Phone	Relationship

Thank you for taking the time to complete this application. Alternatives to Violence is committed to excellence in victim services. Your application will be reviewed by the Victims Advocate Coordinator. You will be contacted if selected for an interview. Please understand that becoming a direct service volunteer (victim advocate and court advocate programs), is contingent upon the successful completion of the interview, a criminal background check, 42-hours of advocate training, as well as other requirements. Please consider volunteering to be a serious commitment of at least one year, including no less than 9 monthly meetings and two days on-call per month. ATV reserves the right to request random drug testing of any volunteer.

I have read and understand the above statement. Any inaccurate or false information on the application will be grounds for disqualification from the volunteer program, and/or grounds to terminate your participation in the volunteer program. By signing this application, I attest that all information provided is true to the best of my knowledge.

Applicant Signature _____ Date _____



Direct Service Volunteer Application Addendum

Please answer the following questions to the best of your ability:

1. Why do you want to work with victims of domestic violence, sexual assault, and other violent crimes?

2. What do you think is the role of a victim advocate/court advocate?

3. Why would you be a good victim advocate?

4. Why do you think domestic violence and sexual violence occur?

5. What does empowerment of victims mean to you? How would you work to empower victims?

6. As a victim or court advocate responding to victims, what kinds of situations would make you uncomfortable?

7. Describe your experience working with people of diverse backgrounds, cultures, and needs.

8. Please describe how you have been successful in working with minimal supervision:



9. What does self-care mean to you? How do you incorporate self-care into your life?

10. Oftentimes people in crisis are in an emotionally elevated state. Please describe how you may work with a client who is upset, scared, or is otherwise having a difficult time managing his/her emotions or thoughts.

11. Are there any initial questions or concerns you have about the role and responsibilities of a victim advocate/court advocate?



Alternatives to Violence Volunteer Confidentiality Agreement

I understand the imperative nature of confidentiality and recognize that any information shared by clients will be kept strictly confidential.

In agreeing to serve as a volunteer for Alternatives to Violence, I agree to protect the confidentiality of all information pertaining to our clients. I agree not to discuss any information with anyone outside of the agency without the client's signed consent and approval of an ATV staff member for the expressed purpose of providing that person with victim services. This includes, but is not limited to, the circumstances, history, sequence of events, or any other information associated with a client or their experience, even if I do not use names.

I agree to notify an ATV staff member whenever I am asked by anyone to comment on any client served by our agency and to get his/her consent before discussing any client with anyone outside of our agency, including media. I understand that a signed Release of Information is the only acceptable form of consent to share information.

I agree not to keep and records of client service in my possession. I understand that all written records must be given to Alternatives to Violence promptly after service is rendered. I will comply with all record keeping procedures established by the agency.

I understand that I am a representative of Alternatives to Violence and will conduct myself ethically and professionally at all times.

I will keep the location of any client's home and the location of all the transitional living units managed by ATV confidential unless I have received signed consent from the Executive Director to release the information. Clients cannot give signed consent to release the location of ATV transitional living units; a release can only be approved by the Executive Director.

I also understand that if I am a Victim Advocate or other type of direct service provider, I have the responsibility to read, understand, and abide by the rules of Legal Privilege and Confidentiality as outlined in the Victim Advocate Guidebook and Advocate training. I understand that waiving victims' legal privilege or confidentiality without their consent constitutes a breach of this agreement that will result in immediate termination.

I will refer any questions or doubts with regard to client confidentiality to the Victims Advocate Coordinator or Executive Director.

Volunteer Printed Name: _____

Volunteer Signature

Date

Staff Signature

Date