



S.T.A.R.S. Sexual Trauma & Assault Response Services, Inc.

AUTHORIZATION FOR RELEASE OF INFORMATION

Sexual Trauma and Assault Response Services, Inc., performs a mandatory criminal history check on all volunteers who work with violent crime victims. The following agencies will be contacted for information:

- El Paso Police Department
- El Paso County Sheriff's Department
- Texas Department of Public Safety
- Texas Department of Protective and Regulatory Services
- Federal Bureau of Investigation

STARS retains the right to refuse any applicant that they feel would pose a risk to the clients of STARS and/or the program's credibility, and is not required to state the reason for nonacceptance.

In order to complete the criminal history check, I willingly provide information as to my sex and race.

LAST NAME: _____ FIRST NAME: _____

OTHER NAMES USED (Maiden names, Married, etc.): _____

STREET ADDRESS: _____ APT #: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HAVE YOU LIVED OUT OF STATE IN THE LAST THREE (3) YEARS? YES _____ NO _____

IF SO, WHERE AND WHEN?

ADDRESS: _____ DATE(S): ____ / ____ / ____ thru ____ / ____ / ____

SOC. SEC.#: ____ - ____ - ____ CURRENT DRIVER'S LIC. STATE: ____ NO.: _____

D.O.B.: _____ PLACE OF BIRTH: _____ SEX: M ____ F ____

ETHNICITY: _____ HEIGHT: _____ WEIGHT: _____

EYE COLOR: _____ HAIR COLOR: _____

I have read and agreed to conform to STARS Volunteer Services Policies and Procedures to the best of my ability. I understand that I will start on a trial basis and agree to take the training offered. I understand that a criminal history check will be done and that I will not be able to volunteer directly until this clearance is obtained. If I have a criminal history, I may be denied volunteer assignments. I also agree to report to the Volunteer Services Coordinator all arrests, indictments, and convictions received during my volunteer assignment before returning to my volunteer duties.

Signature: _____ Date: _____



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APPLICATION FOR VOLUNTEER ADVOCATE SERVICE

Name: _____ Date of Birth: _____

Address: _____
Street Address City State Zip Code

Circle One: Female Male Social Security No.: _____

Home Phone: () _____ Cell Phone: () _____

Occupation: _____ Employer: _____ Phone: () _____

Please answer if applicable:

Employment (Check One): Full-Time _____ Part-Time _____ Not Employed _____

Military: Active Duty _____ Dependent _____ Retired _____

Are you presently attending school? YES NO

Are you volunteering for class credit? YES NO

Education (years completed): High School: _____ College: _____

College Degree: _____ Major Field: _____

Previous Experience

Please list any experience with persons or victims of sexual assault, crisis intervention or advocacy experience.

As an adult, have you ever been convicted for anything other than a minor traffic violation?

YES _____ NO _____

If yes, list ALL such offenses and state the date, name of court, and disposition.

What kind of volunteer work would you be interested in?

Clerical work _____ Hospital Outreach _____ Court Watchers Program _____

Fundraising _____ Special Projects _____ Education/Presentations _____

AVAILABILITY (Circle all applicable):

Day Shift

Evenings

Weekend Shifts

SKILLS/INTERESTS:

Describe any additional languages spoken, knowledge, skills, training, abilities, or interests that might help us determine where we could best use your talents. Attach an additional sheet of paper if you need more space.

How did you find out about the rape crisis program?

Television ___ Online ___ Newspaper ___
School ___ Radio ___ Word of Mouth ___ A current volunteer (name): _____

REFERENCES

Please list two persons other than relatives. Give one professional or academic reference, if available.

Name

Address, City, State, Zip Code

()

Telephone Number

Name

Address, City, State, Zip Code

()

Telephone Number

Name

Address, City, State, Zip Code

()

Telephone Number

In case of emergency, please notify:

Name: _____

Address, City, State, Zip Code: _____

Home Phone: () _____ Work Phone: () _____

PHYSICIAN: _____
Name Address Phone

I CERTIFY THAT I HAVE MADE NO WILLFUL MISREPRESENTATIONS IN THIS APPLICATION, NOR HAVE I WITHHELD INFORMATION IN MY STATEMENTS AND ANSWERS TO QUESTIONS. I AM AWARE THAT THE INFORMATION GIVEN BY ME IN MY APPLICATION WILL BE INVESTIGATED, WITH FULL PERMISSION, AND THAT ANY MISREPRESENTATIONS MAY CAUSE MY APPLICATION TO BE REJECTED. I UNDERSTAND THAT A CONVICTION RECORD WILL BE OBTAINED FROM THE TEXAS DEPARTMENT OF PUBLIC SAFETY/F.B.I. I AGREE TO ABIDE BY THE CENTER'S VOLUNTEER SERVICES POLICIES AND PROCEDURES. I AGREE THAT AFTER AN INTERVIEW WITH THE VOLUNTEER MANAGER, I WILL PARTICIPATE AND START SERVICES ON A TRIAL BASIS. I UNDERSTAND THAT ALL INFORMATION REGARDING THE PERSONS WITH WHOM I WORK IS CONFIDENTIAL.

Date Signed

Applicant Signature

Have you ever done volunteer work before?

YES

NO

If YES, what type(s)? _____

What expectations do you have for yourself for this volunteer placement? _____

Do you have any talents or skills that you want to share (or use) while volunteering? _____

Please list any formal training or experience as an advocate: _____

Please list any course work taken in psychology, social work, or related fields: _____

Why do you want to volunteer with STARS? _____

What are your special interests or hobbies? _____

How do you relieve stress? _____

Describe your family: _____

Who is the one person who influences you the most? _____

Describe how this person influences/influenced you: _____

Do you have any current health problems that you think we need to be aware of?

YES

NO

If YES, please explain: _____

Are there any limitations that we need to consider in your placement as a volunteer?

YES

NO

If YES, please explain: _____

Is there anything we did not cover in the interview that you would like to discuss?

YES

NO

If YES, please explain: _____

If YES, would this influence your volunteer work with STARS?

YES

NO

If YES, please explain: _____

S.T.A.R.S. VOLUNTEER ADVOCATE JOB DESCRIPTION

General Job Description:

To respond to hospital outreach for victims of sexual assault in a supportive, non-judgmental manner; to maintain survivor confidentiality and to provide quality service to survivors. The primary role of the Rape Crisis Advocate is to listen, explain, clarify, support, and assist sexual assault survivors and any other person involved (parents, significant other, police, hospital staff, etc.).

An advocate is never to investigate or judge.

Specific Duties:

- To respond to the designated hospital(s) within thirty (30) minutes of being notified by crisis line;
- To complete the case history report and other paperwork on each survivor immediately after finishing contact with that survivor;
- To keep lines of communication open concerning survivors and staff.

Responsibilities:

- Be informed in regard to the medical and legal procedures in order to explain and clarify the procedures for survivors when providing emergency outreach at the hospital.
- Be aware of the variety of emotions that a person may feel after a sexual assault.
- Acquaint yourself with the myths and facts and be aware of how they can affect a survivor and their friends and family members.
- Provide emotional support. Let them know they're not alone.
- Be reliable and dependable.
- Maintain survivor confidentiality.
- Be honest and accountable in fulfilling commitments.
- Keep lines of communication open concerning survivors and staff.
- Participate in training as required.
- Work volunteer shifts as scheduled, reporting on time and working the entire shift.
- Find a replacement to cover one's shift, if necessary, and notify the appropriate staff person of the changes.
- Complete the case history report and other paperwork on each survivor immediately after finishing contact with that survivor.

Qualifications and Requirements:

Education and Experience:	High School Diploma
Knowledge, Skills and Abilities:	Good listening skills, empathetic, and non-judgmental attitude.
Other Requirements:	Be reliable and dependable; must have own transportation and current proof of driver's license and auto insurance; mandatory volunteer advocate training.
Commitment:	Be able to dedicate at least one year to the program and volunteer two 12-hour shifts per month. (Shifts are generally from 6 pm to 6 am, Monday through Thursday, 12 noon to 6 pm and 6 pm to 6 am on Fridays; and 6 am to 6 pm on weekends and holidays, to be selected by you. All shifts are on an on-call basis for the purpose of time flexibility.)

Volunteer Signature

Date Signed

STARS Volunteer Services Representative

Date Signed