



*Union County Department of Human Services,
Division of Planning,
Union County Rape Crisis Center*

VOLUNTEER APPLICATION



Name: _____

Address: _____
City State Zip

Telephone: Home: () _____ Work: () _____
Area Code Area Code

Cell: () _____ Pager: () _____
Area Code Area Code

Please contact me at: Home Work Cell

E-mail: Work _____ Home _____

My preferred e-mail contact is at: Work Home

Profession: _____

1. Please describe yourself: _____

2. Please share with us what interested you in volunteering with the Union County Rape Crisis Center rather than some other organization:

3. What purpose would working with the Center hold for you:

4. In what capacity would you like to volunteer? [Please check area(s) of interest]

- Rape Crisis Advocacy [hotline/accompaniments]
- Speakers Bureau [Public Education]
- Fund Raising
- Legislation
- Correspondence/Literature Distribution
- Other [please specify] _____

5. Please indicate any special skills/training that would assist you in the above mentioned areas of interest:

6. Please list the name of any organization(s) with which you are now or have been affiliated:

7. Is there any other information that you wish to share about yourself?

8. Are there specific days of the week that you are **unable** to volunteer? [Please check]

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

By filling out and signing this application, applicant understands and accepts the following terms and conditions of volunteering for the Union County Rape Crisis Center:

- Completion of an interview.
- Completion of forty (40) hours of state-mandated Rape Crisis Advocate training.
- Commitment to volunteer for a period of **at least** one year.
- Commitment to **at least** three hotline shifts per month one of which must be an overnight shift either on a weekday (Monday-Thursday) or weekend (Friday-Sunday).
- Commitment to **at least** one overnight shift on the weekend (Friday-Sunday) per scheduling period (approximately every three months).
- Regular attendance at monthly Advocate meetings.

Date: _____

Signature: _____

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E-mail: rcc@ucnj.org*