

FOOTHILLS SEXUAL TRAUMA CENTER VOLUNTEER APPLICATION

Please complete the following application and return to: Foothills Alliance - Sexual Trauma Center,
Attn: Direct Service Coordinator, 216 East Calhoun Street, Anderson, SC 29621, or fax to 864-231-8515.
All applications are kept confidential.

Please complete all information.

Feel free to contact Rose Morrison with any questions. (864) 231-7273

PERSONAL INFORMATION

NAME: _____ BIRTHDATE: _____

MAILING ADDRESS: _____

HOME PHONE # : _____ BUSINESS PHONE # : _____

HOW WERE YOU REFERRED TO THE FOOTHILLS SEXUAL TRAUMA CENTER? _____

EDUCATION AND WORK HISTORY

HIGH SCHOOL: _____ YEARS ATTENDED: _____

COLLEGE/TECHNICAL SCHOOL: _____ YEARS ATTENDED: _____

MAJOR COURSE OF STUDY: _____

CURRENT EMPLOYER: _____

POSITION: _____ LENGTH OF EMPLOYMENT: _____

ADDRESS: _____

PREVIOUS EMPLOYER: _____

POSITION: _____ LENGTH OF EMPLOYMENT: _____

ADDRESS: _____

PREVIOUS EMPLOYER: _____

POSITION: _____ LENGTH OF EMPLOYMENT: _____

ADDRESS: _____

List your Hobbies & Interests: _____

List any accomplishments that you are proud of: _____

List any Civic or Professional Organizations that you are a member of: _____

Have you had previous Crisis Response experience? _____
(If Yes, where?) : _____

Do you know of anyone who is a survivor of rape/sexual assault? _____
(If Yes, what is your relationship to the survivor?) : _____

Have you ever been a victim of rape/sexual assault? _____
(If Yes, did you receive help from a Rape Crisis Center?) : _____
How long ago did the incident occur? _____ Was the offender convicted? _____
Did you receive any other counseling? _____

Why do you wish to volunteer with the Foothills Sexual Trauma Center? _____

Are you available to be on call 3 days a month? (6 pm to 6 am on weekdays or 6 am to 6 am weekends)
_____ Yes _____ No

REFERENCES

Please list three (3) references. They may **not** be family members or live at the same residence as the applicant. **Please provide a complete mailing address and phone number for each reference.** All responses will be kept confidential.

1. Name: _____ Phone #: _____
Address: _____ City: _____ State: _____ Zip: _____
Relationship to Applicant: _____

2. Name: _____ Phone #: _____
Address: _____ City: _____ State: _____ Zip: _____
Relationship to Applicant: _____

3. Name: _____ Phone #: _____
Address: _____ City: _____ State: _____ Zip: _____
Relationship to Applicant: _____

Applicant Signature

Date