

SOUTHERN CRESCENT SEXUAL ASSAULT CENTER, INC. (SCSAC)  
VOLUNTEER APPLICATION

**Personal Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Sex: \_\_\_M \_\_\_F

Are you legally eligible to work in the U.S.? \_\_\_Yes \_\_\_No

Do you have a valid driver's license? \_\_\_Yes \_\_\_No

License #: \_\_\_\_\_ State: \_\_\_\_\_

Do you have valid insurance? \_\_\_Yes \_\_\_No

Have you had any traffic violations in the past three years? \_\_\_Yes \_\_\_No

Please indicate type of offense and date of each: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been charged with a felony or misdemeanor and/or incarcerated? \_\_\_Yes \_\_\_No

If yes, please describe circumstances: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been dismissed or asked to resign from any job, internship, or volunteer position?

\_\_\_Yes \_\_\_No If yes, please explain in detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How did you learn about our volunteer program? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why are you interested in becoming a volunteer with SCSAC? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you consider to be your personal strengths? \_\_\_\_\_  
\_\_\_\_\_

What do you consider to be your personal weaknesses? \_\_\_\_\_  
\_\_\_\_\_

Do you feel you would be able to work objectively with any type of client? \_\_\_Yes \_\_\_No  
If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you expect to gain from this volunteer experience? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you expect to give as a volunteer? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check the opportunities that interest you:

- |   |   |
|---|---|
| <input type="checkbox"/> Crisis Response (hospital and crisis line) | <input type="checkbox"/> Legal/Court Advocacy   |
| <input type="checkbox"/> Community Education/Outreach               | <input type="checkbox"/> Clerical/Office Duties |
| <input type="checkbox"/> Planning/Attending Social Events           |   |

List the languages that you speak: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Other Phone/Pager: \_\_\_\_\_

**Education**

Are you a high school graduate? \_\_\_Yes \_\_\_No If no, did you receive a GED? \_\_\_Yes \_\_\_No  
Did you attend college? \_\_\_Yes \_\_\_No Graduate School? \_\_\_Yes \_\_\_No  
Name of College(s) Attended: \_\_\_\_\_  
Major Course(s) of Study: \_\_\_\_\_  
Degree(s) received: \_\_\_\_\_

Other education and/or training: \_\_\_\_\_

List all licenses, special qualifications, and/or skills: \_\_\_\_\_

**Employment History (Begin with current or most recent job)**

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Specific Job Duties: \_\_\_\_\_

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Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Specific Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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List any other past employment you consider relevant to volunteering at SCSAC: \_\_\_\_\_

**Volunteer Experience**

Name of Organization/Agency: \_\_\_\_\_

From: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_

Name of Volunteer Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Work Performed: \_\_\_\_\_

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Name of Organization/Agency: \_\_\_\_\_

From: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_

Name of Volunteer Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Work Performed: \_\_\_\_\_

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**References (Include at least 2 work related)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization/Agency: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

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Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization/Agency: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

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Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization/Agency: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

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**Applicant's Certification**

My signature below certifies that the information set forth in this application is true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date