

ROCKFORD SEXUAL ASSAULT COUNSELING, INC
4990 EAST STATE STREET
ROCKFORD, IL 61108
815-636-9811 RSACONLINE.ORG

EVERYONE MUST ANSWER THESE QUESTIONS AND SIGN AND DATE THE FORM

Have you ever been convicted of an offense involving the intentional infliction of physical injury upon a child or adult, sexual abuse of a child or adult or abduction of a child or adult under the laws of this or any other state?

_____ Yes _____ No Do you use illegal drugs? _____ Yes _____ No

A "YES" response to either of the above questions automatically disqualifies you from volunteering for Rockford Sexual Assault Counseling, Inc. If you answered "YES", please discontinue filling out this form. If you answered "no", please complete the rest of the form.

I have a valid Illinois driver's license __ Yes _____ No

My auto insurance carrier is: _____

I affirm, under penalty of perjury, that the answers to the above questions are truthful.

Signature _____ Date _____

VOLUNTEER MEDICAL ADVOCATE APPLICATION
(Please Print)

Name: _____

Address: _____

City, State & Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Gender: _____ Birth Date: _____ / _____ / _____

Education (highest level): Less than High School _____ High School/GED _____

Some College _____ Completed College _____ Other: _____

Place of Employment: _____

Address: _____

Job Responsibilities: _____

- How did you hear about RSAC? _____
- Why would you like to be an RSAC volunteer medical advocate? _____
- Do you know someone who has experienced any form of sexual abuse/assault? _____
- What do you feel you can contribute to survivors of sexual abuse/assault? _____
- Have you had any previous volunteer experience? (Previous experience not necessary) If so, explain _____
- What experience or abilities/qualities do you have that will help you as an RSAC volunteer medical advocate? _____
- What do you hope to get out of our training? _____
- Will you be able to attend the required training sessions and remain with RSAC for 12 months after you finish training? _____
- An important part of being an RSAC Volunteer Advocate is observing the strict confidentiality of RSAC and our clients. Will you honor this? _____
- Would anything prevent you from going on-call after the training? _____

1. Ethnic Background (Optional Question):

- | | |
|---|------------------------------|
| American Indian or Alaskan Native _____ | Hispanic _____ |
| Asian or Pacific Islander _____ | White (non Hispanic) _____ |
| Black _____ | Other (please specify) _____ |

2. Do you speak a foreign language? (Please specify) _____

3. If there is any additional information about yourself that you would like us to know, please feel free to list here: _____

will observe the confidentiality mentioned above and abide by the guidelines and procedures for volunteer advocates.

nclosed with my application is my:

- _____ Full tuition check/money order in the amount of \$40.00
- _____ Scholarship form requesting a scholarship and my check/money order in the amount of:
 - \$35.00 _____
 - \$30.00 _____
 - \$25.00 _____

Signature

Date