



Rockford Sexual Assault Counseling, Inc.
4990 East State Street
Rockford, IL 61108
815-636-9811
RockfordSexualAssaultCounseling.org

EVERYONE MUST ANSWER THESE QUESTIONS

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 remainder 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

NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

PRIMARY PHONE NUMBER: _____

ALTERNATE PHONE NUMBER: _____

WORK PHONE NUMBER: _____

EMAIL ADDRESS: _____

GENDER: _____ BIRTH DATE: (MM//DD//WYY) _____

EDUCATION (HIGHEST LEVEL COMPLETED): _____

PLACE OF EMPLOYMENT: _____

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 and or assault? _____

What do you feel you can contribute to survivors or sexual abuse and or assault? _____

Do you have any previous volunteer experience? (Previous experience is not necessary) If so, please explain:

What experience, abilities or 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 40-hour training sessions and remain a volunteer with RSAC for 12 months after you finish training? _____

An important part of being a Volunteer Medical Advocate is observing the STRICT confidentiality of RSAC and our clients. Will you honor this? _____

Would anything prevent you from going on-call after completion of training? _____

Ethnic Background (Optional): American Indian or Alaskan Native: _____ Asian or Pacific Islander: _____
Black: _____ Hispanic: _____ White (Non-Hispanic): _____ Other, (please specify): _____

Do you speak a foreign language? If so, please specify: _____

If there is any additional information about yourself that you would like us to know, please feel free to attach on a separate piece of paper.

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

Enclosed with my application is my:

Full tuition check or money order of \$40

Scholarship form requesting a scholarship with my check or money order in the amount of: \$35.00, \$30.00 or \$25.00

SIGNATURE:

DATE:
