

RCST Volunteer Application

Directions: Complete this application and return it to the Community Affairs Coordinator by fax or at the address listed below. If you wish, you may attach a resume to your application. **All information provided is confidential.**

Return via fax to: **607.796.0337**

Return via regular mail to:

**Community Affairs Coordinator
RCST
301 S. Main St.
Horseheads, NY 14845**

The Application Process

- Complete this application and return it to RCST.
- Once it is reviewed, you will be called for a brief telephone interview.
- You will then be asked to come in to our office for a face-to-face interview and your references will be checked.
- After you are approved, you will need to attend a 30-hour training.
- Once your training is successfully completed, you can begin your volunteer experience!

Our Mission:

All people have the right to live free from sexual violence. Rape Crisis of the Southern Tier exists to provide comprehensive rape crisis intervention and prevention services in Chemung, Schuyler, and Steuben counties, and to improve community response to the problem of sexual violence.

Name: _____

Address: _____

City: _____ State: _____

Zip: _____

Email: _____

Home phone: _____

Alternate phone: _____

Best number to call between 9 am and 5 pm?

Home Alternate

Birthday (month/day only): _____ / _____

I am over 18 years of age: Yes No

May we add you to our mailing list? Yes No

Occupation: _____

Employer: _____

Are you a student? Yes FT PT No

What school? _____

Do you need volunteer hours for school?

Yes No

If yes, total needed: _____ by _____

Special training/skills:

How did you learn about volunteer opportunities within RCST?

I am generally available (check all that apply):

Mon Tues Wed Thurs Fri Sat
 Sun Hours Available: _____

Do you have access to a car?

Do you have access to a secure phone line?

Current Or Previous Volunteer Experience

Where: _____

Position: _____ How Long: _____

Where: _____

Position: _____ How Long: _____

Since your 18th birthday, have you been convicted of any criminal offense? Yes No

If yes, please briefly explain:

Please list two references (one personal, one professional):

Name: _____

Daytime Phone: _____

Relationship: _____

Name: _____

Daytime Phone: _____

Relationship: _____

Please provide an emergency contact:

Name: _____

Phone: _____

Relationship: _____

Please write something about who you are, why you want to volunteer with a sexual assault program, and what you have to offer RCST. How does volunteering for RCST meet your needs?

What concerns do you have about volunteering for RCST?