

**ALBANY COUNTY CRIME VICTIM AND SEXUAL VIOLENCE CENTER
HOTLINE VOLUNTEER APPLICATION**

The following questionnaire is designed to help us determine your qualifications for training as a hotline volunteer. An evaluation will take place at the completion of training.

NAME: _____
(LAST) (FIRST) (MIDDLE)

Month & Date of Birth _____

ADDRESS:

Home _____
_____ Zip _____

Permanent Address (if different) _____
_____ Zip _____

Business Name/Address _____
_____ Zip _____

TELEPHONE:

Home _____ Hours to call _____

Business _____ Hours to call _____

Cell _____ Hours to call _____

E-mail address _____

Courses or training you've had that are relevant to the services of the Center: _____

Relevant work or volunteer experience: _____

Educational Background: _____

Are you currently in school? Full-time _____ Part-time _____ Major _____

Name of school _____

Are you employed? _____ Place of employment _____

Do you have other commitments? _____

How did you learn about the Volunteer Counseling Program? _____

Have you ever been a victim of a crime? _____ If yes, please explain. _____

Have you ever been convicted of a crime? _____ If yes, please explain. _____

Please list 2 references and their phone numbers:

_____ Phone: _____

_____ Phone: _____

TRAINING

Training takes place in eleven three (3) hour sessions, held twice a week for five weeks. Classes are usually held in the evenings at the Center. Daytime training and other sequences may also be arranged.

What days and times are the most convenient for you to attend training?

Monday Tuesday Wednesday Thursday Friday Saturday

TIME:

Interview, training and evaluation precede acceptance into the volunteer program. Upon a positive evaluation, volunteers will be invited to sign up for shifts on the monthly roster. Thereafter, shift sign-up occurs one month prior to actual service.

By which month do you anticipate actual service as a volunteer? _____

Which time is most convenient for you to schedule an interview?
(Weekdays: 8:30 am - 4:30 pm) _____

Do you have access to a car? Yes _____ No _____

**CONTRACT BETWEEN TRAINEE AND
THE CRIME VICTIM AND SEXUAL VIOLENCE CENTER**

I, _____ agree to the following conditions required of all volunteer counselors:

1. Attendance at all training sessions and monthly Volunteer Meetings.
2. A minimum commitment of six months active service (unless other arrangements have been made in advance).
3. Availability to fill a minimum of five to six shifts per month.
4. Evaluation of the volunteer's work after six months, and then yearly.
5. Prompt response to hotline calls, emergency room and police station accompaniments.
6. Appropriate appearance when representing the Crime Victim and Sexual Violence Center in public.
7. No use of drugs or alcohol while on call.
8. Adherence to the Center's Confidentiality Policy: *
All records or communications with clients are privileged information and therefore are to be kept strictly confidential. This information cannot be disclosed to any person except to those employed by the Crime Victim and Sexual Violence Center, or the Court if I am subpoenaed.

I recognize that the duties of a volunteer are limited and I agree to remain within those boundaries and refer clients for additional assistance to therapists at the Crime Victim and Sexual Violence Center for follow-up.

Signature	Date
Witness	Date

***CONFIDENTIALITY**

In New York State, client records kept by a rape crisis center are considered confidential. To become a certified confidential rape crisis counselor, a volunteer must attend 35 hours of formal training presented by the center. Upon completion of the training, a volunteer may begin working on the hotline, provided that during the first year, they attend 10 additional hours of training. The additional hours are made available to volunteers during the monthly volunteer staff meetings. Records are kept of the volunteer's training hours.