

**Advocate Application  
Sexual Assault  
Resource Center**

P.O. Box 3082, Bryan, Texas 77805  
(979) 731-1000  
(979) 774-3810 Fax

NAME: \_\_\_\_\_  
Last First Middle Maiden

DRIVER'S LICENSE NUMBER AND STATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_  
Last First Middle

EMERGENCY CONTACT: \_\_\_\_\_  
Name Phone Alternate Phone

\_\_\_\_\_  
Relation to You Address

CURRENT ADDRESS: \_\_\_\_\_  
Street Address City, State Zip

PHONE NUMBER: \_\_\_\_\_  
Main Work Permanent

E-MAIL ADDRESS: \_\_\_\_\_  
Main Alternate

PLACE OF EMPLOYMENT: \_\_\_\_\_  
Name Address Phone

IMMEDIATE SUPERVISOR: \_\_\_\_\_  
Name Title

SPOUSE'S PLACE OF EMPLOYMENT: \_\_\_\_\_  
Name Address Phone

NUMBER OF CHILDREN AND AGES: \_\_\_\_\_

HIGHEST GRADE COMPLETED:

HIGH SCHOOL: \_\_\_\_\_

COLLEGE: \_\_\_\_\_

OTHER: \_\_\_\_\_

SKILLS, INTERESTS, HOBBIES: \_\_\_\_\_

DO YOU SPEAK ANY LANGUAGES OTHER THAN ENGLISH? ARE YOU FLUENT?

\_\_\_\_\_

PLEASE LIST 3 PERSONAL REFERENCES, ONLY ONE OF WHICH A RELATIVE:

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

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

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

Occupation: \_\_\_\_\_

Relation to you: \_\_\_\_\_

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

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

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

Occupation: \_\_\_\_\_

Relation to you: \_\_\_\_\_

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

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

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

Occupation: \_\_\_\_\_

Relation to you: \_\_\_\_\_

HOW DID YOU HEAR ABOUT OUR PROGRAM?

\_\_\_\_\_

WHY ARE YOU INTERESTING IN VOLUNTEERING WITH OUR AGENCY?

\_\_\_\_\_

PLEASE LIST ANY PREVIOUS VOLUNTEERING EXPERIENCE(S) YOU HAVE HAD IN DEALING WITH PEOPLE IN CRISIS SITUATIONS:

\_\_\_\_\_

WHEN, WHERE AND HOW LONG:

---

HAVE YOU HAD PREVIOUS RAPE CRISIS OR CHILD SEXUAL ASSAULT TRAINING? IF YES, WHEN AND WHERE?

---

HAVE YOU BEEN A VICTIM OF SEXUAL ASSAULT, ATTEMPTED SEXUAL ASSAULT, OR CHILD SEXUAL ASSAULT? WHEN/WHERE?

---

IF YOU ANSWERED YES ABOVE:

HAVE YOU HAD COUNSELING? YES/NO

ARE YOU CURRENTLY RECEIVING COUNSELING? YES/NO

HAS A FAMILY MEMBER OR CLOSE FRIEND BEEN SEXUALLY ASSAULTED? YES/NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME (OTHER THAN MINOR TRAFFIC VIOLATIONS)? IF YES, PLEASE EXPLAIN (INCLUDE THE OFFENSE, LOCATION, AND OUTCOME OF CASE):

---

**I hereby certify that all answers given by me on this application are true and correct. I authorize the screening committee of the Sexual Assault Resource Center to write or telephone references that I have listed on this application for the purpose of acquiring reference information from them and to proceed with the screening process. I further release the Sexual Assault Resource Center and anyone releasing information to the Sexual Assault Resource Center from any liability based upon such release.**

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

*Volunteers may be subject to criminal background check.*

Return completed application to:  
Anna Chowdhury, Director of Advocates  
SARC  
P.O. Box 3082  
Bryan, TX 77805

