

180 Turning Lives Around
Sexual Violence Program
Confidential Sexual Violence Advocate
Volunteer Application
1 Bethany Road
Suite 42, Building 3
Hazlet, NJ 07730
732-264-4111 732-264-RAPE

Please type or print all information

I. PERSONAL INFORMATION					
Name:	Sex:	Social Security #:	Date of Birth:	Place of Birth:	Marital Status:
Address (Street, City, State, Zip):					# of Years:
Previous Address (Street, City, State, Zip):					
Home Phone #:	Work Phone#:	Cell Phone#:	E-mail:		
Occupation:	Employer:			Length of Employment:	
Employer's Address:					
Dependents (relationship, age, sex):					
II. EDUCATIONAL DATA					
HIGH SCHOOL					
School:	Location:	Dates Attended:	Date Graduated:	Major:	Degree:
		-			
COLLEGE					
School:	Location:	Dates Attended:	Date Graduated:	Major:	Degree:
		-			
School:	Location:	Dates Attended:	Date Graduated:	Major:	Degree:
		-			
School:	Location:	Dates Attended:	Date Graduated:	Major:	Degree:
		-			
Number of Formal School Years:	List Any Degree(s) or Professional License(s):				
Are you proficient in any foreign language? Yes <input type="checkbox"/> No <input type="checkbox"/>			If so, what language? _____		

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III. REFERENCES

Give three (3) references that you have known well for at least five (5) years.
All references should be responsible adults of reputable standing in their communities.

Reference I

Name:		Address:	
Occupation:	Employer:	Address:	
Home Phone #:	Work Phone #:	Number of Years Acquainted:	

Reference II

Name:		Address:	
Occupation:	Employer:	Address:	
Home Phone #:	Work Phone #:	Number of Years Acquainted:	

Reference III

Name:		Address:	
Occupation:	Employer:	Address:	
Home Phone #:	Work Phone #:	Number of Years Acquainted:	

IV. COURT RECORD

Have you ever been arrested, charged, or summoned with any offense including but not limited to domestic violence and/or sexual assault. Yes No

If the above answer is "yes" please complete the below information

Date:	Location:	Charge:	Disposition:	Details:
Date:	Location:	Charge:	Disposition:	Details:

Do you have any prior involvement or experience with domestic violence, and/or sexual violence either as a victim or the accused? Yes No

If the above answer is "yes" please complete the below information

Date:	Location:	Charge:	Disposition:	Details:
Date:	Location:	Charge:	Disposition:	Details:

V. DRIVING RECORD

Driver's License Number:	State:	Have you held a driver's license in any other state? Yes <input type="checkbox"/> No <input type="checkbox"/>	If "YES", what state?
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VI. REASON FOR APPLYING FOR A VOLUNTEER POSITION

What, if any, has been your experience in Sexual Violence? _____

How did you hear about 180? _____

Have you ever been a client at 180? _____

You will be expected to take 3-4, 12-hour shifts per month minimum, which you will choose, and attend one meeting held the first Monday of each month. Are these realistic expectations for you? Do you foresee a problem with an ongoing commitment to these expectations? _____

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Please explain your reasons for applying to be a Confidential Sexual Violence Advocate.

I understand that any appointment tendered me will be contingent upon the results of my complete character and fitness investigation. I also understand that willfully withholding information or making false statements on this application will be basis for dismissal from the Sexual Violence Program. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete, to the best of my knowledge.



Signature of Applicant

Date

Updated 6-09