

Sexual Violence Advocate Volunteer Application

Position Title: Volunteer Sexual Violence Advocate

Purpose of the Role

Sexual violence advocates support the rights, choices, and self-defined needs of survivors of sexual violence, as well as their friends, families, and other concerned persons. Advocates provide support through CMSAC's 24-hour crisis line and in person at area hospitals, law enforcement agencies, and other community locations.

Advocates work under the supervision of CMSAC staff and provide compassionate, confidential, trauma-informed, and survivor-centered support.

Volunteer Requirements

Applicants must be willing and able to:

- Be at least 18 years of age.
- Successfully complete Minnesota's required 40-hour sexual violence advocate training and CMSAC's additional screening and post-training interviews.
- Commit to a minimum of **three crisis line shifts per month**.
- Commit to volunteering with CMSAC for at least 12 months.
- Reside within CMSAC's service area of Benton, Stearns, Sherburne, or Wright County.
- Attend monthly advocate meetings and additional trainings or case consultations as required.
- Maintain confidentiality and follow CMSAC policies, procedures, and documentation requirements.
- Use a personal cell phone to receive crisis line calls while working from home during assigned shifts.

Important information about shifts: Volunteer shifts are typically 16 or 24 hours long and include evenings and weekends. Crisis line calls are forwarded to advocates' personal cell phones, and advocates' personal phone numbers are kept private from callers. Advocates must be available and able to respond throughout their assigned shifts. In-person advocacy may also be requested when needed.

Volunteer Responsibilities

Under CMSAC staff supervision, sexual violence advocates may be asked to:

- Respond to calls on CMSAC's 24-hour crisis line.
- Provide crisis intervention, emotional support, and information about sexual violence to survivors and concerned persons.
- Explain available medical, law enforcement, and legal options while respecting each survivor's decisions.
- Accompany survivors to hospitals and law enforcement agencies throughout CMSAC's service area.

- Support survivors during medical examinations, evidence collection, reporting, and other related proceedings.
 - Provide survivor-centered, trauma-informed, and culturally responsive advocacy.
 - Collaborate with medical providers, law enforcement, legal professionals, and other community partners.
 - Provide appropriate resources and referrals.
 - Notify the designated CMSAC staff member of crisis line activity, complete required documentation, and follow established policies and procedures.
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Volunteer Application

Please answer all applicable questions. Attach additional pages if needed. You may leave a question blank if it asks for information you are not comfortable sharing.

Section 1: Contact Information

Full Legal Name: _____

Name You Go By (if different): _____

Pronouns (optional): _____

Date: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

County of Residence: _____

Email Address: _____

Phone Number: _____

Preferred Method of Contact:

☐ Phone call ☐ Text message ☐ Email

Are you at least 18 years of age? ☐ Yes ☐ No

Occupation: _____

Employer (optional): _____

Educational Background (optional): _____

Do you have a valid driver's license and reliable transportation for in-person advocacy when needed? ☐ Yes ☐ No ☐ Other: _____

Section 2: Availability and Commitment

Are you able to commit to volunteering with CMSAC for at least 12 months?

☐ Yes ☐ No

Are you able to commit to at least three crisis line shifts per month?

☐ Yes ☐ No

Volunteer shifts are typically 16 or 24 hours long, including evenings and weekends. Are you able to meet this commitment?

☐ Yes ☐ No

Are you comfortable receiving forwarded crisis line calls on your personal cell phone while maintaining the confidentiality of your personal information?

☐ Yes ☐ No.

Do you understand that shifts are completed from home and that you must be available to respond throughout your assigned shift?

☐ Yes ☐ No

Have you previously completed sexual violence advocacy training?

☐ Yes ☐ No If yes, please identify the organization and approximate date of training:

Are you comfortable completing online training and using Google Drive for volunteer-related tasks and documentation?

Online training: ☐ Yes ☐ No ☐ I may need assistance

Google Drive: ☐ Yes ☐ No ☐ I may need assistance

Monthly advocate meetings are generally held on the third Wednesday of each month from 5:00–6:00 p.m., unless otherwise communicated. Can you regularly attend these meetings?

☐ Yes ☐ No ☐ I would like to discuss scheduling.

How did you hear about this volunteer opportunity?

Section 3: Interest and Experience

1. Why are you interested in volunteering with CMSAC?

2. What experiences, skills, or personal qualities would help you in this volunteer role?

3. Advocacy can involve hearing about traumatic experiences and supporting people during times of crisis. What strategies do you use to manage stress and practice self-care?

4. What is your comfort level discussing sexuality, sexual violence, consent, and related topics? Are there areas where you anticipate needing additional training or support?

5. CMSAC serves survivors from diverse backgrounds, including LGBTQIA+ communities, people with disabilities, and people from different racial, cultural, and socioeconomic backgrounds. Describe your experience working with or learning from people whose identities or experiences differ from your own.

6. Survivors may make decisions that differ from what others believe is best for them. How would you support a survivor's choices while providing information about available resources and options?

7. CMSAC advocates may support survivors who are considering or receiving emergency contraception, medical care, or other services that involve personal beliefs and values. Are you able to provide respectful, nonjudgmental support and honor each survivor's right to make their own decisions? Please explain.

8. Advocacy may sometimes bring up difficult emotions or personal experiences. Is there anything you would like CMSAC to know about the support, boundaries, or training that would help you participate in this role?

You are not required to disclose personal experiences of sexual violence.

Section 4: Comfort Level and Training Needs

Please rate your current comfort level supporting individuals affected by the following issues.

1 = Not comfortable yet | 2 = Somewhat uncomfortable | 3 = Unsure or neutral | 4 = Comfortable | 5 = Very comfortable

Your answers help CMSAC identify training and support needs. You are not expected to have professional expertise in these areas.

Topic	1	2	3	4	5
Suicidal thoughts or suicide-related crises	☐	☐	☐	☐	☐
Substance use and addiction	☐	☐	☐	☐	☐
Mental health concerns	☐	☐	☐	☐	☐
Sexual assault and sexual abuse	☐	☐	☐	☐	☐
Crisis intervention and emotional distress	☐	☐	☐	☐	☐
Supporting survivors with diverse identities and backgrounds	☐	☐	☐	☐	☐
Medical and law enforcement advocacy	☐	☐	☐	☐	☐
Maintaining confidentiality and professional boundaries	☐	☐	☐	☐	☐

Are there any topics in which you would particularly appreciate additional training or support?

Section 5: Criminal Background Screening

CMSAC conducts criminal background screening as part of its volunteer selection process.

Full Legal Name (as it appears on legal documents):

Date of Birth: ____ / ____ / ____

Have you ever been convicted of a crime in the United States?

☐ Yes ☐ No

If yes, please provide an explanation, including the nature of the offense and any relevant circumstances you would like CMSAC to consider. Attach an additional page if needed.

A criminal record does not automatically disqualify an applicant from volunteering with CMSAC. Each situation will be reviewed individually in accordance with applicable requirements and CMSAC policies.

Authorization for Background Screening

I authorize the Central Minnesota Sexual Assault Center (CMSAC) to obtain and review information necessary to conduct a criminal background check for consideration as a volunteer sexual violence advocate. I understand that this information will be handled confidentially and used for volunteer screening purposes.

Applicant Signature: _____

Date: ____ / ____ / ____

Applicant Acknowledgment

By signing below, I confirm that the information I have provided is accurate to the best of my knowledge. I understand that volunteering with CMSAC requires completion of the required training, adherence to confidentiality and agency policies, participation in ongoing training and meetings, and a minimum 12-month commitment.

I understand that submitting this application does not guarantee acceptance into the volunteer program.

Applicant Signature: _____

Date: ____ / ____ / ____

CMSAC OFFICE USE ONLY

Application Received: ____ / ____ / ____

Initial Interview Date: ____ / ____ / ____

Post-Training Interview Date: ____ / ____ / ____

Background Check Completed: ☐ Yes ☐ No

Date Completed: ____ / ____ / ____

40-Hour Training Completed: ☐ Yes ☐ No

Training Completion Date: ____ / ____ / ____

Volunteer Status:

☐ Pending ☐ Accepted ☐ Not selected ☐ Withdrawn

Staff Notes:

Staff Name: _____

Date: ____ / ____ / ____