

First Name	Last Name	Middle Initial
Mailing Address	City	State Zip
Date of Birth	Social Security #	Home Telephone
		Email Address
Employer	Work Telephone	Yes NO May we contact you at work?

References: List three references not related to you who could verify the skills needed to volunteer for the Rape Recovery Center. Note: The completion of this section is required for processing.

Name	Address	Home Tel.	Work Tel.
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Have you ever been convicted of a criminal offense (traffic violations excluded?) Please explain.

Have you ever worked or volunteered at a Rape Crisis Center? If so, where? May we contact them?

Please list and briefly describe past and present experience with volunteer/service activities.

Are you willing to commit to a min. of 20 hours per month to the Rape Recovery Center? Yes No

Why are you interested in volunteering for the Rape Recovery Center?

Please read the following and explain how you would react to the callers in the hypothetical situations below.

A rape victim wanting an abortion: _____

A rape victim who happens to be male or gay: _____

A Rape victim with a reportedly "promiscuous background": _____

A sex offender: _____

A victim who refuses to go to the police even though the offender is a known rapist and will probably rape again: _____

An obscene phone caller wanting to masturbate to your voice: _____

A caller who wants to ventilate feelings about rape and makes the statement, "women only get raped if they ask for it": _____

I understand that the Rape Recovery Center has an obligation to protect its clients and volunteers, and I therefore give the Rape Recovery Center my permission to verify information regarding my background as they deem appropriate. I certify that the information given in this application is accurate to the best of my knowledge and understand that any misrepresentation of information may disqualify me from being a crisis worker at the Rape Recovery Center.

Signature of Applicant Date

Applicants under 18 years of age must have a parent or legal guardian signature.

Signature of Parent/Guardian Date

www.RapeRecoveryCenter.com
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