

3. What qualities, expertise, or other skills do you have that may be helpful in your work as a Sexual Assault Counselor? What do you feel are your strongest assets?

4. Have you been involved with any other volunteer organization? Please list organization, dates, general duties, and name of supervisor.

5. What activities, hobbies, interests or organizations are you currently involved in?

6. Are you a survivor of rape or sexual abuse? *(If yes, when did the assault or abuse happen? Did you seek counseling or other support services? When and for how long?)*

7. Are there any incidents in your past where you sexually assaulted or harassed someone, or do you have any convictions for or unresolved allegations of such conduct? Please explain.

8. Can you commit to attending all training sessions? Can you make a one -year commitment to serving as an Advocate.

9. How did you hear about our Crisis Intervention Training? *(Check any that apply.)*

- | | | |
|--|---|--|
| <input type="checkbox"/> The Independent | <input type="checkbox"/> Santa Barbara News-Press | <input type="checkbox"/> College Newspaper |
| <input type="checkbox"/> E-mail | <input type="checkbox"/> Radio Ad or PSA | <input type="checkbox"/> Flyer |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Speaker/Presentation | <input type="checkbox"/> Other _____ |

10. Is there anything else you would like to tell us?

11. Please list two professional references:

Name: _____

Address: _____

Relationship to Applicant: _____

Phone: _____

Name: _____

Address: _____

Relationship to Applicant: _____

Phone: _____

I have read and understand the Rape Crisis Advocate Position Description.

Signature _____ Date _____