

SANTA BARBARA RAPE CRISIS CENTER
CENTRO CONTRA LA VIOLACIÓN SEXUAL

CRISIS INTERVENTION TRAINING APPLICATION

Thank you for your interest in Crisis Intervention Training. SBRCC welcomes prospective volunteers from diverse backgrounds and experiences. This application is confidential. Thank you for printing or writing legibly. Attach additional sheets if necessary.

Name: _____	
Street Address: _____	
City/ZIP: _____	
Home Phone: _____	Cell Phone: _____
Work Phone: _____	Email: _____
Gender Identity: _____	Date of Birth: _____
Languages you are fluent in: _____	

1. Why are you interested in training to become a Rape Crisis Advocate?

2. Describe some of your life, educational and/or work experiences and skills that may be helpful in your work as an Advocate.

14. How did you hear about our Crisis Intervention Training? Check all that apply:

- The Independent Santa Barbara News-Press College Newspaper E-mail / Website
 Radio Ad / PSA Flyer Friend Speaker / Presentation Other _____

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

16. Please list two professional references:

Name: _____	Name: _____
Address: _____	Address: _____
Relationship to Applicant: _____	Relationship to Applicant: _____
Phone: _____	Phone: _____

The information I have provided is complete and truthful. I understand the conditions under which I will be volunteering. I understand that completion of the training does not constitute acceptance to the hotline. I have read and understand the Rape Crisis Advocate Position Description. I understand that Santa Barbara Rape Crisis Center reserves the right to decline any application for any reason and without explanation.

Signature _____ Date _____

