# **APPLICATION for SEXUAL VIOLENCE ADVOCATE TRAINING**

***TO REGISTER: Please complete and return to CONTACT.***

PO Box 333 – Moorestown, NJ 08057

###### Office: 856-234-5484 Fax: 856-778-3880

**email:** [info@contactburlco](mailto:info@contactburlco.org)[.org](mailto:info@contactburlco.org)

**website:** [www.contactburlco.org](http://www.contactburlco.org)

**333 – Moorestown, NJ 08057**



**I am interested in: Training Fee**

**\_\_\_\_\_\_Daytime Sessions \_\_\_\_\_$50.00 (to cover cost of training manuals/materials-**

**partial refund available)**

**\_\_\_\_\_\_Evening Sessions \_\_\_\_\_$250.00 (education only/no volunteer commitment)**

**\_\_\_\_\_\_Summer *or* Saturday Sessions (circle)**

1. **Personal Information**

### Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: (H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(C)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Website:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

##### Age Group (circle one) 18-39 40-65 65+

*CONTACT volunteers must be 18 years old and a high school graduate at time of application.*

1. **Skills and Interests**

**Education Background/Training:**

**Current Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Hobbies, Interests, Skills:**

**Previous Volunteer Experience:**

1. **General**

Write a brief statement why you wish to volunteer for CONTACT of Burlington County:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What do you think are your strengths and weaknesses relating to people in crisis?

**Have you taken CONTACT training in the past?\_\_\_\_\_\_\_\_**

**If yes… When\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Where\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you ever been convicted of a crime in any state or country?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If yes, please provide details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. Commitment (must choose one)**

\_\_\_\_\_Required training course (50 hours) and one year of volunteer service to CONTACT

Sexual Assault Services (4 shifts per month).

**\_\_\_\_\_Required training course for education only with no volunteer service commitment.**

**5. References**

How did you learn about CONTACT and its volunteer training program?

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**List name and phone number of two references:**

#### Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please read this statement carefully and acknowledge acceptance by your signature below:

**I have truthfully answered all questions in this application and agree to honor the service/fee commitment I have chosen. I agree to be on-time and attend every session in its entirety. Realizing that confidentiality is the cornerstone of the CONTACT program, I agree that I will keep in strict confidence any information that should come to me during training sessions. I understand a *Background Check* may be required. I agree that I may be asked to withdraw from training at any time. I acknowledge that I may resign from training at any time. I also agree that in the event of my withdrawal or resignation, I will keep confidential any and all information I know related to the work of CONTACT**.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT of Burlington County

**VOLUNTEER DESCRIPTION:**

**Confidential Sexual Violence Advocate**

**Reports to Sexual Assault Services Director or the Executive Director of CONTACT of Burlington County.**

## Qualifications

1. Must be at least 18 years of age and a high school graduate at time of application
2. Successful completion of the standardized NJ Sexual Assault Advocate Training and NJ Confidential Sexual Violence Advocate Certification
3. Successful completion of required apprenticeship

## Requirements

1. Demonstration of non-judgmental attitude
2. Adherence to the philosophy, policies and procedures of Sexual Assault Services and CONTACT of Burlington County.

## Responsibilities

1. **Confidentiality**: sign an Oath of Confidentiality related to program
2. **Anonymity**: agreement to maintain appropriate anonymity
3. **Attitude**: use of non-judgmental attitude maintained through training skills
4. **Commitment**:

* serve 4 “on-call” shifts per month which may include accompaniment in a hospital emergency room, police station or court
* provide supportive telephone counseling and referral
* participate in outreach, special events, fundraisers and volunteer training when available
* Help plan and implement volunteer training when available
* Help plan and implement outreach education when available

1. **Length of Service**: commitment of at least 1 year of service
2. **In-Service**: commitment to continuing education by attending scheduled supervision/in-service meetings.

## Reason for Dismissal

1. Violation of the pledge of confidentiality of the client.
2. Violation of the pledge of appropriate anonymity.
3. Inappropriate contact or meeting with clients.
4. Violation of Center policies and/or procedures.

May 2014



Confidential Sexual Violence Advocate Training Class

Phone number: (856) 234-5484

Website: [www.contactburlco.org](http://www.contactburlco.org)

**Wednesday, March 11 - Class 1:** Introduction, History of Sexual Violence and Violence Against Women

**Monday, March 16 - Class 2:** Cultural Competency

**Wednesday, March 18 - Class 3:**Counseling Skills

**Monday, March 23 - Class 4:** Sexual Harassment, Human Trafficking, and Domestic Abuse

**Wednesday, March 25 - Class 5:** Drug Facilitated Sexual Assault

**Monday, March 30 - Class 6:** Child Sexual Abuse and Adult Survivors of Child Sexual Abuse

**Monday, April 6 - Class 7:** Legal Issues (Guest Speaker – Victim Witness)

**Wednesday, April 8 - Class 8:**Medical Issues (Hospital Visits, Guest Speaker – SANE Coordinator)

**Monday, April 13 - Class 9:** Response to Trauma and Survivor Coping Methods, Mental Illness and Substance Abuse, Hotline Calls-Special Considerations

**Wednesday, April 15 - Class 10:** Referral Methods and Community Resources & Program Procedures

**Monday, April 20 - Class 11:** Suicide (Guest Speaker – Theresa Tobey)

**Wednesday, April 22 - Class 12:** Services to Significant Others

**Monday, April 27- Class 13:** Burn Out and Vicarious Trauma, Self-Care

**Wednesday, April 29 - Class 14:** Final Review, Exam, Exit Interviews

\*Class topics and dates are subject to change\*

. If you cannot make a training date, you *must* contact the Sexual Assault Services Director, Jillian Kotarski, at least 24 hours before the class is set to begin.

Email: [jkotarski@contactburlco.org](mailto:jkotarski@contactburlco.org)