

## VOLUNTEER VICTIM ADVOCATE APPLICATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Organization \_\_\_\_\_

Home Phone \_\_\_\_\_ Duty Phone \_\_\_\_\_

1. Describe why you are interested in becoming a volunteer victim advocate?
2. What skills, education, or life experience do you have that you believe would help you serve effectively as a volunteer victim advocate?
3. In what ways do you think you would benefit personally from your training and service as a volunteer victim advocate?
4. Based on your current understanding of the responsibilities of a volunteer victim advocate, what do you think would be difficult or challenging aspects of this role for you?
5. Are you willing to commit to the mandatory training and on and off-duty time that may be required to assist a victim?
6. What other volunteer activities are you engaged with?
7. Do you have any current significant stressors in your work or personal life?
8. How do you manage the resultant stress?

9. Have you, or has anyone close to you, experienced a significant personal trauma? Yes \_\_\_ No \_\_\_  
If yes, the SARC will speak with you in private about this so that he or she can better understand its significance in your life and service to others.

(Note: A great many victim advocates or caregivers have been made stronger in their service to others by the care they themselves have received, including care from mental health professionals. This program affirms the work of mental health professionals, who have helped many individuals to experience growth and healing. A response to this question is requested in order that the SARC who will supervise and assign victim advocates can most effectively match victim advocates with victims.)

10. Have you ever been charged with a crime? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain the nature of the charges and subsequent disposition.

11. Please provide two references who are not family members

a. Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Phone number \_\_\_\_\_

b. Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Phone number \_\_\_\_\_

The information I have provided in this application is true and complete to the best of my knowledge. I agree to serve as a volunteer victim advocate and to function within the boundaries of AF policy and assigned responsibilities. I give permission for the SARC to call my references, secure a criminal background check on me, and if deemed necessary, to consult with any treating physician or health care professionals regarding my ability to perform these responsibilities.

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