

Volunteering for the Sexual Assault Center of Northeast GA

Being a volunteer with the Sexual Assault Center is beneficial for both the people in communities we serve and for the volunteer. Many of the skills developed while being an SAC volunteer are truly invaluable “life-time” skills, such as effective listening, empathy, and tolerance. As a member of the Sexual Assault Center, there are opportunities available for volunteers to learn crisis intervention, support group facilitation, how to train other volunteers, community education, public speaking, and other skills. It is also an opportunity to work with and learn from others who have a commitment to empowerment and putting an end to sexual violence in our society. In short, we learn from one another.

Confidential, non-judgmental, non-pressuring, respectful support is one of the most important aspects of the SAC philosophy. After completing the necessary training sessions and reading the volunteer manual, SAC members should have a framework for understanding how and why rape, sexual assault, and sexual abuse occur in our society, and how to work towards ending sexual violence.

The SAC is an advocacy agency. We work to empower survivors by helping them to identify their options, by advocating for the rights of survivors to be in control of the decisions that affect them, and by supporting the decisions made by survivors. We seek to foster what is essentially a self-help and self-empowerment process for the survivor.

Empowerment combines ideas about internalizing personal and collective power and validating survivor’s personal experiences as politically oppressive rather than self-caused or “crazy”. In working to end sexual violence, empowerment signifies standing together as a community as much as it means supportively assisting a survivor in the healing process. Its premise is to turn individual defeats into victories by giving survivors the tools to better control their lives, and to create a community in which sexual violence is not tolerated.

Volunteer Services Application

SACNEGA

Please type of print clearly

Date _____ Date of Birth _____/_____/_____

Name _____
Last First Middle

Address Street _____ Apt # _____
City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Best time to call _____ Company _____

E-mail _____ Okay to call you at work? Yes No

Emergency Contact _____
Name Phone # Relation

Times Available to Volunteer (check all that apply)

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Anytime | <input type="checkbox"/> Mornings | <input type="checkbox"/> Emergency Basis Only |
| <input type="checkbox"/> Weekdays | <input type="checkbox"/> Afternoons | <input type="checkbox"/> Holidays |
| <input type="checkbox"/> Weekends | <input type="checkbox"/> Evenings | <input type="checkbox"/> Night shift |
| <input type="checkbox"/> Other (please specify) _____ | | |

Frequency of volunteer availability (e.g. weekly, semiweekly, monthly) _____

Why do you want to volunteer for the SACNEG? _____

Please rate the areas that you could assist us in from most interested (1) to least (7)

____ Hotline ____ Website ____ Newsletter ____ Special Events
____ Office Support ____ Fund-raising ____ Education and Prevention

Education and Occupation

Educational Background _____

Current Occupation _____

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References

Please list one personal reference and one professional reference that we may contact

Name _____ Phone _____

E-mail (if possible) _____ Relationship _____

Name _____ Phone _____

E-mail (if possible) _____ Relationship _____

Tell us about any Previous Volunteer Experience that you have enjoyed.

Do you have any Special Hobbies of Areas of Interest?

How did you hear about the Sexual Assault Center?

Is there any other information you would like us to know?

Volunteer Nondisclosure Agreement

SACNEGA

I, _____ [volunteer name], understand that the most important work ethic I must observe as a volunteer of the Sexual Assault Center is the principle of confidentiality. This means that I:

1. Must not disclose the identity of any survivor
2. Must not disclose the identity of any employee, intern, or other volunteer outside of business hours and without his/her expressed permission
3. Must not disclose calls/ accompaniments with anyone not currently working with the SACNEG.
4. Must not discuss calls/ accompaniments in a public place or where anyone other than a SACNEG employee might hear your conversation
5. Must consider all information about a caller as confidential; this includes information regarding identity, status, whereabouts, diagnosis, treatment, or any indication as to whether an individual has been served by the SACNEG.
6. Cannot give information to a caller's family members, friends, media persons, or any other source not approved in advance by the caller or required by law
7. Should not give any indication that you know a survivor in a social setting, should you meet, unless the survivor acknowledges he employee.
8. If acknowledged, no indication of the crisis shared should be made known unless it is the desire of the survivor to talk with the employee about her/his assault. In that case, ensure further privacy.
9. Should consider personal or client information shared in trainings and line meetings as confidential, not to be discussed outside the group with anyone other than current SACNEG employees or directors.

Out of respect for an individual's right to privacy, I understand that all such information must be treated as completely confidential. I understand that the integrity of the entire organization rests with my ability to maintain strict confidentiality and that a breach would not only be extremely damaging to the person whose confidences were broken but to the way in which the Center is viewed by those it serves. I agree not to disclose ANY information to any person(s) not affiliated with the Sexual Assault Center of NE GA. I will only disclose confidential information with those persons authorized by the Center to receive such information. In case of doubt in any situation, I will contact my immediate supervisor at the Center.

Volunteer Name _____ Date _____

Volunteer Signature _____

Witness Name _____ Date _____

Witness Signature _____

Volunteer Engagement Agreement

SACNEGA

Please read carefully, initial where indicated, sign and date

In accepting my position of volunteer with the Center, I do hereby release the Center from all liability to me from any accidents that may occur to me through my voluntary participation in any Center sponsored function or activity.

Initial

I do hereby release the Center from any liability I may incur due to the use of any likeness of me obtained by the Center during any Center sponsored function. I give my permission to use said likeness as the agency sees fit. I understand that the Center will use discretion in the reproduction of the likeness of any associate of the Center and will only use this likeness in the newsletter, education materials, and other printed materials concerning the Center.

Initial

I do hereby give permission to and offer my consent to the associates of the Center to release information they have obtained about me to clients and other volunteers as necessary to facilitate my activities as a volunteer.

Initial

As a volunteer of the Center, I agree to attend all training as is required of me; to attend all volunteer and other required meetings; complete all required paperwork, and to satisfy expected requirements of my particular assignment to the best of my abilities.

Initial

As a volunteer, I will keep all commitments, be punctual, and will let my immediate supervisor know of any conflict of schedules as soon as possible.

Initial

I hereby state that I have read and understood the above information and agree to abide by the terms stated above. I certify that the information given in this application is true and accurate to the best of my knowledge.

Signature

Date

Volunteer Contract

SACNEGA

We, the Sexual Assault Center of Northeast Georgia, agree to accept the volunteer services of

_____ [volunteer name] beginning _____ [date].

And we commit:

1. To treat all volunteers and paid staff with dignity and respect without regard to race, culture, ethnicity, religion, sexual orientation, disabling condition, gender, or age.
2. To provide training and continuing education related to crisis intervention services and medical and legal advocacy.
3. To provide job and character references for volunteers in search of future employment or higher education.
4. To offer promotion to more responsible jobs within the program where possible and when the volunteer meets the qualifications and completes advanced training for such responsibilities.
5. To maintain public liability insurance coverage for volunteers during their working hours.

I, _____ [volunteer name], agree to serve as a volunteer for the Sexual Assault Center of Northeast Georgia beginning _____ [date].

And I commit:

1. **To attend all volunteer meetings to stay current on scheduling and other changes.**
2. **To take at least 2 frontline and 2 backup shifts on the hotline after being trained.**
3. To become thoroughly familiar with the policies and the procedures related to volunteer work at the Sexual Assault Center of NE GA.
4. To attend all necessary training sessions to maintain competence.
5. To notify the Sexual Assault Center if choosing to resign, take a leave of absence, or if I am unable to take any programs during any months.
6. To maintain confidentiality as stipulated in the non disclosure agreement.
7. To maintain the safety of self, of other volunteers, and of staff at all times.
8. To treat all volunteers and paid staff with dignity and respect without regard to race, culture, ethnicity, religion, sexual orientation, disabling condition, gender, or age.
9. To provide volunteer services according to a schedule that is mutually acceptable to the agency and the volunteer.
10. To keep an accurate record of services provided (i.e. calls received, hotline coverage, safe-t programs, etc.)

Volunteer Signature _____ Date _____

Coordinator Signature _____ Date _____