**SANE Otero & Lincoln County**

**Advocate Application**

**Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth**\_\_\_\_\_\_\_\_\_\_\_\_

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State**\_\_\_\_\_ **Zip**\_\_\_\_\_\_\_\_\_

**Mobile Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Home Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Work Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Occupation**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**E-Mail­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you hear of about our program**?

**List any training or experience you have had that may be helpful in this work:**

**What language(s) do you speak?**

**Can you make a commitment to volunteer for 6 months? Y\_\_\_\_ N\_\_\_\_ Do you have a car? Y\_\_\_\_ N\_\_\_\_**

**Do you have a phone? Y\_\_\_\_ N\_\_\_\_ Have you ever been arrested? Y\_\_\_\_ N\_\_\_\_**

**If so, please list the date(s) and type(s) of arrest(s):**

**Are you willing to consent to a CYFD criminal background check? Y\_\_\_\_ N\_\_\_\_**

**Please explain why you want to do volunteer work. Please include which needs of your own you hope to meet as a volunteer.**

**Please describe your strengths and how you imagine they may impact your volunteer work with SANE Otero / Lincoln.**

**Please describe your weaknesses and how you imagine they may impact your volunteer work with SANE.**

**Please describe briefly any experience you may have had with sexual assault**

**victims/survivors (family, friends, work, etc.).**

**When you think about volunteering with SANE Otero & Lincoln County, are there any particular situations in which you can imagine feeling uncomfortable? Are there any populations you are apprehensive about working with?**

In the event that I assume advocacy responsibilities with SANE Otero & Lincoln County, I agree to treat as **confidential** any and all information about every person I provide services for, including all medical, legal, and social service information and other relevant records. I also agree to exercise great care in protecting Arise records from scrutiny by unauthorized person(s).

I understand that any breach of the above agreement will be considered reason for immediate termination of my advocacy work with SANE.

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

Applicant Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list *at least* three references we may contact. At least one must be a current or previous employer. **None of the references should be family members.** Please print all information.

1. Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who to contact in case of emergency:

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

**For Official Use Only**

**Rcvd:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rvwd by SANE staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Intwd: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trng Cls: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**