

VOLUNTEER APPLICATION – SART

Women's Sexual Assault Centre
941 Pandora Ave, Victoria, BC V8V 3P4
Coordinator of Volunteers: Lindsay Pomper
Phone: 383-5545 Fax: 383-6112 E-mail:
volunteers@vwsac.com

All replies will be kept confidential

Name: _____ Phone: (home) _____

Address: _____ (work) _____

_____ May we phone at work? _____

Are you 19 or over? _____ If not, when will you be 19? _____

E-mail address: _____

1. How did you learn about the Women's Sexual Assault Centre?

2. Why, at this particular time in your life, have you chosen to volunteer with survivors of sexual violence, and what do you hope to gain from the experience?

3. What relevant or related jobs/training/volunteer experience or personal qualities do you have that you feel would make you a suitable candidate for training/working on the SART team? Please provide information in regards to your crisis management skills. (Please attach a resume, if available.)

4. The training requires a commitment of approximately 45 hours. If you are selected for the training, are you able to make this time commitment and understand if you miss any of the sessions, you may not be eligible to work as part of the SART team?

5. On successful completion of the training, the volunteer commitment is for a total of three shifts per month for a year. Shifts are from 5:00 pm – 9:00 am each night of the week or 9:00 am – 5:00 pm on weekend days and statutory holidays. Are you willing/able to make this commitment after the training is completed? _____

6. How will this considerable commitment fit in with your lifestyle?

7. What personal experience have you had in receiving counselling?

8. Have you ever used any of the Women's Sexual Assault Centre's services?

9. What is your personal understanding of why sexual assault happens?

10. What are your particular spiritual, political, or philosophical beliefs and how might you bring these into your work at the Centre?

11. Describe a situation where you were in conflict with someone (other than family or partner) and how you handled it.

12. What do you expect/imagine will be the most difficult for you in this work?

13. Describe one thing that you like best about yourself. Describe one thing that, if you could, you would improve.

14. Is there any other information that you would like to provide?

“I do not anticipate any changes in my residence, business/school, or domestic situation over the next year that would affect my ability to attend all sessions of the volunteer training or my commitment to completing 3 shifts per month for a year.”

Date: _____ Signature: _____

After returning the application, you will be called for follow-up. Please provide the names and contact information for 3 references (paid or volunteer).

1. Name: _____

Phone: _____ E-mail: _____

Name of Organization/Relationship to you: _____

2. Name: _____

Phone: _____ E-mail: _____

Name of Organization/Relationship to you: _____

3. Name: _____

Phone: _____ E-mail: _____

Name of Organization/Relationship to you: _____

*** Criminal Record Check will be required prior to starting shifts.**

**** \$30 non-refundable fee if accepted into training. (Fee includes cost of training manual and administrative fee.)**