*The following statements are intended to describe the general nature and level of work to be performed and are not intended to be an exhaustive list of all responsibilities, duties and skills required of personnel in this position.*

SafeQuest Solano, Inc. is an equal opportunity employer. We do not discriminate on the basis of ancestry, age, color, disability (physical and mental, includes HIV and AIDS), genetic information, gender, gender identity, gender expression, marital status, military or veteran status, national origin, race, religion (includes religious dress and grooming, sex (includes pregnancy, childbirth, breastfeeding and/or related medical conditions), sexual orientation, or request for FMLA.

**Position**: Domestic Violence and Sexual Assault Peer Support Advocate

**Status**: Volunteer/Unpaid Staff

**Agency Description:**

SafeQuest Solano provides crisis intervention services for survivors of Domestic Violence, Sexual Assault, and Human Trafficking in Solano County.

**Requirements:**

* Must be 21 years or older.
* Pass DOJ & FBI background check.
* Have reliable transportation (valid California Driver’s License and Auto Insurance).
* Good Driving Record (DMV Report for past 5 years)
* Valid California Driver’s License.
* Valid Auto Insurance.
* Complete SafeQuest Solano Domestic Violence and Sexual Assault Training.
* Ability to be empathetic and non-judgmental.
* Must have good communication and interpersonal skills.
* Must be able to fulfill volunteer commitment to SafeQuest Solano.
* Ability to manage well and use sound judgment in a crisis intervention.
* Ability to manage stressful situations, work under pressure and be flexible.
* Commit to 1-year of volunteering

**Duties and Responsibilities:**

* Provide personal, confidential peer counseling to those affected by sexual assault and domestic violence.
* Attend 8 hours of In-Service Trainings (Continuing Education). In-Service meetings are mandatory in order to maintain (Cal OES) counselor/advocate certification and confidentiality privileges.
* Fulfill obligations as a Mandated Reporter.
* Complete necessary documentation of any services provided.
* Maintain strict confidentiality.
* Other duties and responsibilities may be assigned.

**Job Definitions**

SafeQuest Solano has a range of unique volunteer opportunities available to suit your personal skills and interests. All volunteers must complete our comprehensive 65-hour Domestic Violence and Sexual Assault Volunteer Training and pass an extensive background check before volunteering.

**Court Advocate & Restraining Order Assistance:** (8:30am-5:00pm)

Volunteers provide clients with assistance to complete and file a restraining order and accompany clients to court.

**Domestic Violence Shelter Advocate:** (Hours vary)

Volunteers provide crisis line support, peer counseling, role modeling, parenting support, advocacy, information and referral, problem solving assistance, and occasional transportation and accompaniment. Volunteers may also choose to assist with gardening, maintenance, and housekeeping.

**Sexual Assault Advocate:** (Hours vary)

SART Advocates provide immediate, in-person support for sexual assault victims during their forensic exams.

**Crisis Line Advocate:** (9:00am – 5:00pm)

Hotline Volunteers are needed to respond to calls in order to provide information, referrals, support and crisis intervention. Volunteers are needed during business hours Monday through Friday, as well as evenings and weekends.

**Prevention & Education Community Leader:** (Weekdays & Weekends)

Volunteers are needed to host prevention and education tables, participate in various education & awareness events, assist with presentations & workshops, help organize our education materials and provide administrative support.

**Volunteer Personal Statement**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please write a statement explaining why you want to be a Domestic Violence and Sexual Assault Victim Advocate with SafeQuest Solano. (1 page)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **PERSONAL INFORMATION** |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred method of contact:  Home Work  Cell  Email

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| **EDUCATION:** *Please mark highest level of education completed.*  |

 High School Some College  Bachelor’s Degree  Graduate Degree

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| **EMPLOYMENT**  |

Employer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employers Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Can we contact your Supervisor?  Yes  No

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| **BACKGROUND** |

Have you been convicted of a criminal offense?  Yes  No

If yes, state the nature of the offense(s), when and where convicted, and disposition of the offense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **DRIVING INFORMATION**  |

Do you have a current valid driver’s license?  Yes  No If yes,

License No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you do not have a driver’s license for the state in which you currently reside, why not?

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

Has your license ever been suspended or revoked?  Yes  No If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have personal automobile insurance?  Yes  No If no, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been denied personal automobile insurance or has it ever been terminated or suspended?

 Yes  No If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **PERSONAL STATEMENT**  |

1. How and where did you learn about SafeQuest Solano?

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

1. What skills and experience will you bring to SafeQuest? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Do you speak a language other than English that you feel comfortable counseling in? If so, what language?

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

1. What would you like to gain from this experience? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Have you had any personal experience with domestic violence or sexual assault? If so, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Have you ever received services from SafeQuest Solano?  Yes  No

If yes, when was the last date of service? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **VOLUNTEER PROGRAM CHOICES:** Please rank your top 3 volunteer program choices from those listed below: |
| DIRECT SERVICES  Court Accompaniment Advocate  Crisis Hotline  Domestic Violence Advocate   Shelter Assistant   Sexual Assault Response Team (SART)  Prevention Education Assistant  | NON-DIRECT SERVICES  Clerical   Community Ambassador  Events & Fundraiser   Join a Board Committee |
|  |  |
| **SafeQuest requires all volunteers** to sign a confidentiality commitment form before becoming an active volunteer for SafeQuest. Do you agree to this requirement upon completion of the volunteer training?  Yes  No  |
| **SafeQuest requires a minimum** commitment of 4 hours per week and 8 hours of in-service, as mandated in order to maintain counselor certification and confidentiality privileges. Can you commit to at least 4 hours a week and 8 hours of in-service?  Yes  No**If no, what is the conflict?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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|  **EMERGENCY CONTACT** |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Language Spoken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **REFERENCES** Please list 3 people who are not relatives and whom you have known for a minimum of 1 year: |
| *Name* | *Telephone* | *Relationship* |
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My signature below certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand falsification on this application can disqualify me from consideration or result in my volunteer services being denied.

Signature of Volunteer Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_