DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY of ALBANY
CRIME VICTIM and SEXUAL VIOLENCE CENTER
112 State Street, 11th Floor, Room 1118
Albany, New York 12207-2077
Office: (518) 447-7100 Fax: (518) 447-7102
24-Hour Sexual Assault Hotline: (518) 447-7716
cvsvc@albanycountyny.gov www.albanycounty.com/cvsvc

KAREN ZIEGLER
DIRECTOR

HOTLINE VOLUNTEER APPLICATION

The following questionnaire is designed to help us determine your qualifications for training as a hotline volunteer. Once this application is reviewed you will be contacted by a staff member for an in-person interview.

1. NAME: _____
   (Last) (First) (Middle)
2. ADDRESS:

   Permanent _____

   Temporary: _____
3. TELEPHONE (please list all contact numbers):

   _____ Cell best times to call: _____

   _____ Home best times to call: _____

   _____ Work best times to call: _____
4. E-MAIL(S): _____
5. DATE OF BIRTH: _____
6. EMERGENCY CONTACT:_____ PHONE:_____
7. EMPLOYER: _____
8. SCHOOL CURRENTLY ATTENDING: _____

   FULL or PART TIME? _____ MAJOR/COURSES: _____
9. ADDITIONAL EDUCATION: _____

   _____

   _____
10. INTERVIEWS ARE SCHEDULED MONDAY TO FRIDAY FROM 9:00AM TO 4:00PM. WHEN IS THE BEST TIME FOR YOU TO SCHEDULE AN INTERVIEW? _____
11. WHEN ARE YOU AVAILABLE TO START TRAINING? _____

12. HOW DID YOU LEARN ABOUT OUR HOTLINE VOLUNTEER PROGRAM? _____

_____

_____

13. WHY DO YOU WANT TO BE A HOTLINE VOLUNTEER AT THE **Crime Victim and Sexual Violence Center**?

_____

_____

_____

14. ADDITIONAL SKILLS AND LIFE EXPERIENCES YOU FEEL WOULD BE AN ASSET TO THIS AGENCY:

_____

_____

_____

15. WHAT DO YOU HOPE TO GAIN FROM YOUR VOLUNTEER EXPERIENCE WITH THIS AGENCY?

_____

_____

_____

16. HAVE YOU EVER BEEN A VICTIM OF A CRIME? _____ IF YES, PLEASE EXPLAIN _____

_____

_____

17. HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ IF YES, PLEASE EXPLAIN _____

_____

_____

18. LIST **2** REFERENCES:

_____ E-MAIL: _____

_____ E-MAIL: _____

19. DO YOU HAVE ACCESS TO TRANSPORTATION? _____
(hotline volunteers MUST be able to respond to hospital emergency department requests for an on-site advocate)

20. DO YOU HAVE ACCESS TO A COMPUTER? _____

PLEASE WRITE SOMETHING ABOUT WHO YOU ARE AND WHAT YOU FEEL YOU HAVE TO OFFER THE **Crime Victim and Sexual Violence Center's** HOTLINE VOLUNTEER PROGRAM AND TO VICTIMS.

HOW CAN THE **Crime Victim and Sexual Violence Center's** HOTLINE VOLUNTEER PROGRAM MEET YOUR NEEDS AND GOALS?

WHAT CONCERNS DO YOU HAVE ABOUT BEING A VOLUNTEER COUNSELOR ON THE **Crime Victim and Sexual Violence Center's** HOTLINE?

CONTRACT BETWEEN HOTLINE TRAINEE AND THE ALBANY COUNTY CRIME VICTIM AND SEXUAL VIOLENCE CENTER

I, _____ agree to the following conditions required of all volunteer counselors:

a. A minimum commitment of six months active service after certification as a Rape Crisis Counselor.

b. Availability to fill a minimum of five shifts per month.

c. Prompt response to hotline calls, hospital emergency departments and police stations.

d. No use of drugs or alcohol while on call.

e. Appropriate appearance and professional demeanor when representing the Crime Victim and Sexual Violence Center in public.

f. Completion and submission of all department paperwork as required.

g. Attendance at all training sessions.

h. Completion of 10 hours of continued education/training per year.

i. Adherence to the Center's Confidentiality Policy: *

***PLEDGE OF CONFIDENTIALITY**

In New York State, client records kept by a rape crisis center are considered confidential. All records and communications with clients are privileged information and therefore are to be kept strictly confidential. This information cannot be disclosed to any person except to those employed by the Crime Victim and Sexual Violence Center, or to the Child Abuse Hotline if a child victim has been assaulted by a parent or guardian.

I agree to abide by the **Crime Victim and Sexual Violence Center**'s Confidentiality Policy. I understand that all records and communications with clients are privileged information and therefore are to be kept strictly confidential. I also understand that this information cannot be disclosed to any person except to those employed by the **Crime Victim and Sexual Violence Center**, or to the Child Abuse Hotline if a child victim has been assaulted by a parent or guardian. I agree to abide by the policies of the Center, as stated in the **HOTLINE VOLUNTEER PROGRAM**.

I recognize that the duties of a volunteer are limited and I agree to remain within those boundaries and refer clients to therapists/counselors at the **Crime Victim and Sexual Violence Center** for follow-up services.

Additionally, I recognize that the **Crime Victim and Sexual Violence Center** reserves the right to refuse volunteer program enrollment to anyone whom they feel is not suitable for the program. Participation in training does not guarantee certification as a Sexual Assault Hotline Advocate, nor does it guarantee a volunteer assignment.

Signature _____ Date _____

Albany County does not discriminate on the basis of race, religion, color, national origin, sex, gender, age, gender identity or expression, disability, genetic information, veteran status or marital status in its programs and activities.

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KAREN ZIEGLER
DIRECTOR

Dear Applicant,

Albany County Crime Victim and Sexual Violence Center (CVSVC) may conduct a background check for incoming and existing interns and volunteers, pending available resources. Please review and complete the form below in regards to our background check policy.

If you have any questions or concerns, please contact the Volunteer Coordinator (Hotline Advocates and Office Volunteers) or Supervising Caseworker (Court Advocates.)

Applicant Name: _____

Applicant Address: _____

Applicant Date of Birth: _____

I, _____, acknowledge that CVSVC may conduct a background check and agree to allow CVSVC and/or its agents to make investigation of my background including personal/professional references, character, past employment and volunteer experience, education and criminal history record information. I agree to allow CVSVC to discuss these aspects of my background with any agents who may have information regarding my character and/or qualifications for the intern/volunteer position to which I am applying.

I understand that CVSVC staff reserves the right to refuse or dismiss any volunteer at any point by exercising their best judgment in assessing a volunteer/intern's appropriateness for their role at the agency. This judgment may be informed by the information provided in a background check.

I hereby consent to CVSVC's verification of all the information I have provided on this form, my resume and the volunteer application. I understand that any false answers or statements, or misrepresentations by omission, made by me on this application or any related document, will be sufficient for rejection of my application or my immediate discharge should such falsifications or misrepresentations be discovered after I am accepted as a volunteer or intern.

_____ _____

Applicant Signature Date