

# ***RAPE VICTIM ADVOCATES***

## ***VOLUNTEER APPLICATION***

Please complete the application and fax it to the attention of RVA's Volunteer Coordinator at 312-443-9602 or email it to [volunteer@rapevictimadvocates.org](mailto:volunteer@rapevictimadvocates.org).

### **Volunteer Position Interest (Please review the descriptions carefully)**

#### **Medical Advocacy**

- Provide medical/legal advocacy and crisis counseling at any of our 12 contract hospitals
- Provide support to survivors of sexual assault/sexual abuse and their significant others
- Engage in institutional advocacy with law enforcement and hospital staff as well as other necessary third parties
- Complete a minimum of two twelve hour shifts per month
- Attend in-services
- Attend volunteer quarterly meetings

#### **Education and Training**

- Institutional Advocacy with the community
- A minimum of one presentation per quarter (3 months)
- Assist with volunteer trainings
- Deliver basic sexual violence community education
- Staff information tables/booths
- Distributing posters and flyers

#### **Administrative**

- Organize Records and files
- Process advocacy paperwork
- Assist with mailings (fold/stuff)
- Typing/Data Entry
- Graphic Design
- General office duties

#### **Fundraising**

- Assist with fundraising events under the direction of Board Members
- Solicit in-kind donations
- Research Grants
- Other:

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NAME \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ OFFICE PHONE \_\_\_\_\_ Length of residence in Chicago: \_\_\_\_\_  
Do you have your own car? **YES NO**  
E-MAIL ADDRESS \_\_\_\_\_ LANGUAGES SPOKEN BESIDES ENGLISH \_\_\_\_\_

**How did you hear about RVA? Please fill in the name of the source here:** \_\_\_\_\_  
\_\_\_\_ FRIEND    \_\_\_\_ ADVOCATE    \_\_\_\_ TV    \_\_\_\_ NEWSPAPER    \_\_\_\_ VOLUNTEER GROUP  
\_\_\_\_ FLYER    \_\_\_\_ HOSPITAL    \_\_\_\_ RADIO    \_\_\_\_ FLYER    \_\_\_\_ OTHER

Current Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Are you a student? If so, where? \_\_\_\_\_ Area of study: \_\_\_\_\_

Is your commitment to RVA's training work or school-related (both)? **YES NO** If yes, please explain

What department(s) are you interested in volunteering for? (please circle all that apply)  
*Advocacy /Education and Training/Administration/Development* (please indicate your first preference)

List your interests and activities:

What other skills, talents or expertise can you offer Rape Victim Advocates? (Examples)

Have you ever spoken in public? **YES NO** If yes, please explain

Would you be interested in speaking for us? **YES NO**



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Volunteer Experience

Have you volunteered with other organizations? Yes or No (please circle)

If yes, please describe your volunteer work below and indicate if you are currently volunteering with an agency.

(1) Name of Organization:

Dates of Service:

Volunteer Position Title:

Description of Duties:

(2) Name of Organization:

Dates of Service:

Volunteer Position Title:

Description of Duties:

(3) Name of Organization:

Dates of Service:

Volunteer Position Title:

Description of Duties: