



## **Crisis Intervention Hotline Advocate Volunteer Application**

Thank you so much for your interest in collaborating with DCRCC serving survivors of sexual violence and powering a culture of consent!

Please complete the following online form and submit your resume and letter of interest below.

Stars (\*) indicate required questions.

\*Name (First, Last) \_\_\_\_\_

\*Pronoun \_\_\_\_\_

\*Email Address \_\_\_\_\_

\*Address (City, State, Zip)

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

\*Phone Number (main) \_\_\_\_\_

Phone Number (alternate) \_\_\_\_\_

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

\*Current Profession/Occupation \_\_\_\_\_

\*Emergency Contact:

Name (First, Last) \_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

\*References (2)

#1 Name (First, Last) \_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_



\*Have you been convicted of a felony or misdemeanor (You do not need to report 1) Arrests not followed by convictions 2) Convictions that were annulled or expunged)

Yes \_\_\_\_ No \_\_\_\_

If yes, please explain

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\*Please describe what a typical week looks like for you:

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\*Are you volunteering to fulfill an organizational, class or degree requirement?

Yes\_\_ no \_\_\_\_

If yes, please describe the requirements \_\_\_\_\_

\*Please describe any special skills, networks, interests or expertise (eg. Foreign languages, hobbies, groups or clubs, etc) you would be willing to share during your volunteer partnership with DCRCC

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\*Please describe a social justice issue (other than sexual violence) that you care about

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\*Please describe your support system

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\*Please describe a time when you became aware of a bias you held. What happened? How did you respond?

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\*What do you think makes sexual violence such a pervasive issue in our society? How is sexual violence represented in our public dialogue?

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\*Please list three words your friends would use to describe you

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\*Please list three words you would use to describe yourself

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\*Please describe what “culture of consent” means to you

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\*I understand and am able to commit to the 50 hours of training required of some volunteer positions

Yes \_\_\_\_ No \_\_\_\_

\*If selected, I will commit to serve for at least one year

Yes \_\_\_\_ No \_\_\_\_

If no, please explain \_\_\_\_\_

\*I am 18 years or older

Yes \_\_\_\_ No \_\_\_\_

\*I have received services from DCRCC in the last year (individual or group therapy, hotline)

Yes \_\_\_\_ No \_\_\_\_

\*I have been convicted of sexual assault or domestic violence

Yes \_\_\_\_ No \_\_\_\_

If applying for an internship or fellowship:

How many hours a week are you available to work? \_\_\_\_\_

I am unavailable on the following days during the week:

Monday \_\_\_\_

Tuesday \_\_\_\_

Wednesday \_\_\_\_

Thursday \_\_\_\_

Friday \_\_\_\_



Attach your letter of interest

Attach your resume

By signing my name below, I hereby certify that all statements in this Application, Acknowledgment, and Authorization are true and correct to the best of my knowledge, and I agree and understand that any misstatement of material facts herein may cause forfeiture of all rights to any appointed position in the service to DC Rape Crisis center:

\*Name \_\_\_\_\_

\*Signature \_\_\_\_\_

\*Date \_\_\_\_\_