



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

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

*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

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

*Please describe your support system

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

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

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



*Please list three words you would use to describe yourself

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

*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 _____