

*Wichita Area Sexual Assault Center works with individuals and communities through comprehensive services and education to create a culture of intolerance for sexual violence and an atmosphere of healing for those impacted by it.*

**WICHITA AREA SEXUAL ASSAULT CENTER (WASAC) VICTIM ADVOCATE APPLICATION**

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| **Applicant name** |  |  |
|  |  |  |
| Last | First | MI |
|  |  |  |
|  Please list all other names previously used  |  |  |
|  |  |  |
| Last | First | MI |
|  |  |  |
| Last | First | MI |
|  |  |  |
| Last | First | MI |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Contact information** |  |  |
|  |   |  |
| Preferred phone number(s) |  |  |
|  |  |  |
|  |  |   |
| Email address |  |  |
|  |  |  |
|  |  |
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| --- | --- | --- |
| **Home address** | Number of years at current address: |  |
|  |  |  |
| Street | City, State | ZIP |
|  |  |  |
| Mailing address, if different than above |  |  |
|  |  |  |
| Street | City, State | ZIP |
|  |  |  |
|  |  |  |
|  Previous address  |  |  |
|  |  |  |
| Street | City, State | ZIP |

|  |
| --- |
| **Employment and school information** |
|  |  |
| Employer name | Position held |
|  |  |
| Previous employer, if less than 1 year with above | Position held |
|  |  |
|  |  |
| Are you currently a student? **Y N** |  |  |
|  |  |  |
|  |  |  |
| College attending/attended | Degree, if any | Year |
|  |  |  |
| Are you willing to make a minimum of a one year commitment to WASAC? **Y N** |

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| Please list any special education or training that would help you as a WASAC volunteer. |
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| Please list community or board affiliation(s). |
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| How did you learn about WASAC? |
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|  |
|  |
| Have you ever been convicted of a crime? **Y N**  |

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| --- | --- | --- |
| **Emergency contact information** |  |  |
|  |  |  |
| Name | Phone | Relationship to you |

|  |
| --- |
| **References – please list two professional and one character reference (other than family members)** |
|  |  |  |
| Name | Relationship  | Years known | Phone |
|  |  |  |  |
| Name | Relationship | Years known | Phone |
|  |  |  |  |
| Name | Relationship | Years known | Phone |
|  |  |  |

I UNDERSTAND I MUST COMPLETE 40 HOURS OF TRAINING BEFORE VOLUNTEERING.

I HEREBY CERTIFY THAT THE INFORMATION I HAVE GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

I GIVE MY CONSENT TO THE WICHITA AREA SEXUAL ASSAULT CENTER TO VERIFY THE INFORMATION GIVEN, INCLUDING A BACKGROUND CHECK AS WELL AS CONTACTING LISTED REFERENCES.

|  |  |
| --- | --- |
| Signature | Date |
|  |  |

**IMPORTANT: Please review and sign the attached job description before submitting your application.**

 Updated 2018