

*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**

|  |  |  |
| --- | --- | --- |
| **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 |  |  |
|  |  |  |
|  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **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** | | |

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

|  |  |  |
| --- | --- | --- |
| **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