

SAC MAP Volunteer Application

This application is for volunteering with the Medical Accompaniment Program – Providing emotional support, practical help, information and crisis intervention to sexual assault survivors at Nashville General Hospital, Vanderbilt Medical Center, and SAFE Clinic

Thank you for your interest in volunteering at SAC. Please fill out this application and acknowledge the information is true, correct and complete. Please note that there is a Confidentiality Contract and an Authorization for background check.

*All information included on this application is kept in confidence and will not be disclosed to anyone without the volunteer's permission.

Name:		D.O.B.:		
Gender:		Email:		
Address: <i>(include city, state and zip)</i>		County:		
Home Phone:		Cell Phone:		
Race/Ethnicity:		Bilingual? <i>(If yes, what languages?)</i>		
Present Employer		Work Phone:		
Job Title/Occupation:		Yrs. Of Employment:		
Education Note: Formal education is not required to be a volunteer. We welcome experience of all kinds!		Name	Degree/major	Did you graduate?
	High school			
	Trade			
	College			
	Post-Graduate			
	Other			

Other participation and/or volunteering	Name of Organization:	Roles/Responsibilities:
Please list community organizations, clubs and/or groups to which you belong and participate in:		
Please list any other volunteer experiences:		

What are the best times for your volunteer work?
(check all that apply)

Weekdays

Evenings

Overnights

Weekends

Our primary intention is to ensure that S.A.C. provides trauma-informed care and services at all levels of our agency, including services provided by and for our volunteers. We recognize it is very common for involvement in this work to be triggering and emotionally exhausting. As a result of this, S.A.C. desires to establish a culture in which our staff and volunteers, who embody our mission to serve survivors and our community, are fully supported and prepared to engage in this heavy, life-changing work. By assuming compassionate care as a core principle on which this agency operates, it is our responsibility for this to be reflected in how we develop and engage with volunteers. Therefore, it is important for S.A.C. to understand as much about our volunteers as possible so that we can best support you and match you with the best opportunities available. *If you do not feel comfortable answering one or any of the questions in the space provided, please indicate that you would prefer to discuss the question in person.*

Briefly state why you are interested in becoming a volunteer at the Sexual Assault Center:

How did you hear of the Sexual Assault Center:

We work with people who have experienced sexual assault – which crosses all other demographics. People from 16 to 100 years old, of all races and ethnicities, men, women, nonbinary, agender or genderqueer people, LGBTQ+ folks, people with disabilities, people experiencing homelessness, undocumented people, people experiencing sex and/or labor trafficking, sex workers, people who engage in BDSM/kink, people who are incarcerated – sadly, everyone is affected by sexual assault, and we offer support to all victim/survivors getting an exam. Would you feel comfortable providing support and respect to anyone who you serve on your shift, or would you struggle with any specific demographics and desire training around them?

Have you ever been charged or convicted of any felonies, misdemeanors, or ethical violations? If yes, please provide a brief explanation.

Have you ever been reported for suspected child abuse? If yes, please provide a brief explanation.

Sexual Assault Center Confidentiality Contract

The Tennessee state law states: "The confidential relations and communications between counselors...and clients are placed upon the same basis as those provided by law between attorney and client..." TCA Section 63-1117. Information regarding services is controlled by the client. There are two exceptions to this rule, as follows: 1) in the case of an emergency when there is imminent danger to the client or other person, the counselor may breach the requirement of confidentiality; 2) Tennessee law requires that any person who knows or suspects that a child is being abused is required to report this information to the Department of Children's Services.

I fully understand the need for strict confidentiality concerning all information received from or about clients of the Sexual Assault Center.

As a matter of this service, I will not discuss or reveal any information concerning clients to anyone outside of the agency, without the client's permission, except in the unusual circumstances outlined by the Sexual Assault Center's policies (when someone's life is in clear and imminent danger, or a case of suspected abuse of a child.)

I fully agree to contact my supervisor or the on-call staff anytime I have questions concerning confidentiality.

Signature

Date

Printed Name

Sexual Assault Center + References & Authorization

This information is confidential. Please print full names, complete mailing addresses, including city state and zip, phone numbers and relationships of (4) people you authorize us to contact who have known you well and would be in a position to evaluate your qualifications as a volunteer with S.A.C. One reference must be a person who has known you for at least three (3) years. Another must be a current supervisor or former supervisor of a paid or volunteer position. PLEASE DO NOT USE RELATIVES

Name:	Relationship:	Phone number and/or Email
1.		
2.		
3.		
4.		

Emergency Contact:

Name:

Relationship:

Phone Number:

Statement of Accuracy and Authorization:

This form has been completed to the best of my ability, and I believe all answers to be true and factual. I hereby give my permission for you to check with the above-named references. At the same time, I give you my authorization to conduct a full criminal background check.

Date: _____ **Signature:** _____