

**SEXUAL ASSAULT CENTER OF PIERCE COUNTY  
VOLUNTEER/INTERNSHIP APPLICATION**

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
Number Street City/State Zip

**DAY/MESSAGE PHONE:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_  
Name/Relationship Phone #

What skills do you have to offer SACPC? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you fluent in any language other than English? \_\_\_\_\_

Describe you past/present volunteer work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your hobbies and special interests? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Education/Training: \_\_\_\_\_

Briefly explain your interest in volunteering for SACPC: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you hope to gain from your volunteer experience with SACPC? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about this volunteer/internship program? \_\_\_\_\_  
\_\_\_\_\_

Sexual Assault Center of Pierce County  
633 North Mildred, Suite J  
Tacoma, WA 98406  
(253) 597-6424 ext. #19

**What days and times are best for you?**  
(please circle all that applies)

<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
12m-6a	12m-6a	12m-6a	12m-6a	12m-6a	12m-6a	12m-6a
6a-12n	6a-12n	6a-12n	6a-12n	6a-12n	6a-12n	6a-12n
12n-6p	12n-6p	12n-6p	12n-6p	12n-6p	12n-6p	12n-6p
6p-12m	6p-12m	6p-12m	6p-12m	6p-12m	6p-12m	6p-12m

**Your commitment to SACPC is for a minimum of six months to a year. Would you be considering a longer commitment? If so, how long?** \_\_\_\_\_

Please provide two references we could contact (Not Related):

1. \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_
2. \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**ALL ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT UNTRUTHFUL OR MISLEADING STATEMENTS ARE CAUSE FOR POSSIBLE TERMINATION FROM THE PROGRAM.**

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR INTERNS/ STUDENTS ONLY**

Sponsoring School: \_\_\_\_\_ Dept: \_\_\_\_\_

Academic Supervisor: \_\_\_\_\_ Credit Hrs: \_\_\_\_\_

Actual Hrs/Wk: \_\_\_\_\_ From: \_\_\_\_\_ to: \_\_\_\_\_  
(dates)

**SEXUAL ASSAULT CENTER OF PIERCE COUNTY  
VOLUNTEER/INTERN ADVOCATE CONTRACT**

The Sexual Assault Center of Pierce County values the commitment you have made to serve survivors of sexual violence through our agency. To support you in this effort we will provide you with:

1. Thirty-two (32) clock hours of Basic Sexual Assault Awareness Training and sixteen plus (16+) hours of Advocacy and Crisis Line Training provided by the agency.
2. Monthly Advocate Training Meetings for three hours on the third Wednesday of each month.
3. Back-up support and supervision when you are providing direct care advocacy services to individuals impacted by sexual violence.

**IN ORDER TO PROVIDE THE BEST SERVICE TO OUR CLIENTS  
WE ASK THAT YOU AGREE TO:**

1. Uphold the agency's Confidentiality Policy and Mandatory Reporting Policy.
2. Attend a minimum of ten monthly Advocate Training Meetings a year, receiving twelve hours of certified training through attendance of meetings and/or viewing of training videos.
3. Abstain from using or being under the influence of alcohol or drugs during your shift work.
4. Complete all required paperwork (Client Information Form, Mandatory Reporting Form, Bi-monthly Advocate timesheet, etc.) fully, honestly and promptly.
5. Be available for calls on all schedule shifts.
6. Make a one-year commitment to volunteering with our agency.
7. Take a minimum of five (5) six (6) hour shifts per month on the crisis line.
8. Uphold SACPC Policy and Procedure in regard to Advocacy.

I have read and understand the responsibilities of SACPC regarding my advocacy. I understand that I may be terminated as an advocate for failure to fulfill these responsibilities. I understand that I may also be terminated for unsatisfactory work performance as determined by my supervisor, or if I am charged with a crime of abuse, assault, neglect or charged with any felony.

\_\_\_\_\_  
Advocate signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's signature

\_\_\_\_\_  
Date

# WASHINGTON STATE PATROL

Identification and Criminal History Section

PO Box 42633

Olympia, WA 98504-2633

## REQUEST FOR CRIMINAL HISTORY INFORMATION

CHILD/ADULT ABUSE INFORMATION ACT

RCW 43.43.830 through 43.43.845



### REQUESTING AGENCY/ADDRESS

Sexual Assault Center of Pierce County

Agency

Attn.

633 N. Mildred Suite J

Address

Tacoma WA 98406

City/State/Zip

I certify this request is made pursuant to and for the purpose indicated.

Authorized Signature

Date

Advocacy Director

Title



### PURPOSE

- ESD/School District Volunteer - no fee
- Non-Profit Busn./Org. - no fee (Excluding Schools & ESD's)
- Profit Business/Org. - \$10
- Adoptive Parent - \$10

#### Fees:

Make payable to Washington State Patrol by cashier's check, money order, or commercial business account.

NO PERSONAL/CERTIFIED CHECKS ACCEPTED



### APPLICANT OF INQUIRY

Applicant's Name: \_\_\_\_\_  
Last First Middle

Alias/Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Month/Day/Year

Social Security Number: \_\_\_\_\_ Driver's Lic. Number/State: \_\_\_\_\_ / \_\_\_\_\_

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050.



### IDENTIFICATION DECLARING NO EVIDENCE WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

(THIS PORTION MAILED BY REQUESTING AGENCY)  
As of this date, the applicant named below shows no evidence pursuant to RCW 43.43.830 through 43.43.845.

Sexual Assault Center of Pierce County

Requesting Agency

X  
Applicant's Signature

X  
Applicant's Name

X  
Address

X  
City/State/Zip

WSP Use Only

Valid Two Years From Issue

Right Thumb Print (Optional)