

CAVA VOLUNTEER APPLICATION

CAVA Rape Crisis & Counseling Center
20 East Main Street - Canton, New York 13617
315-386-2761

After completing and submitting this application, you will be contacted for an interview with CAVA's volunteer coordinator.

NAME: _____ **DATE:** _____

ADDRESS: _____

PHONE: 1) _____ **2)** _____

EMAIL ADDRESS: _____

EMPLOYER: _____ **PHONE:** _____

Occupation/Position: _____

Previous Volunteer Experiences: (Please list organization, position and dates.)

Do you have a valid driver's license?	YES	or	NO
Do you have access to a vehicle?	YES	or	NO
Have you ever been convicted of a crime?	YES	or	NO

Briefly state why you are interested in becoming a CAVA volunteer.

We ask that volunteers be available for "on-call" approximately 3-4 evenings a month or one weekend each month. Are you able to do this?

YES

NO

Will you be able to volunteer for at least one year, or if you are a college student at least two semesters?

YES

NO

We ask that volunteers answer crisis calls from home, accompany victims of sexual assault to one of St. Lawrence County's hospitals and/or police stations, as well as staff information booths at health fairs and other community events. Are you willing to perform these activities?

YES

NO

Have you or a close family member ever been named as an alleged perpetrator of sexual assault? If so, please explain.

Do you feel that you would be able to objective, compassionate and non-judgmental while working with any victim we serve? _____

Please describe any current work, school, child care or other commitments that may influence the hours that you could volunteer for CAVA.

Please list any of your current work, education, specialized training or volunteer work that might be beneficial to helping victims of sexual assault.

Please briefly express yourself concerning the issue of sexual assault. If you choose to discuss personal experiences, please be assured that this information will be kept confidential.

Please list the name and phone number of two people who would be willing to speak on your behalf. They SHOULD NOT be close friends or relatives. Please inform the references you list that someone from CAVA may be contacting them in the near future.

1.) NAME: _____ RELATIONSHIP: _____

PHONE#: _____ (daytime) _____ (evening)

2.) NAME: _____ RELATIONSHIP: _____

PHONE#: _____ (daytime) _____ (evening)

Please return this application to:
Volunteer Coordinator, CAVA - 20 East Main Street - Canton, New York 13617