# banner_sticker imageSexual Assault Services OrganizationPO Box 2723 • Durango, CO 81302 • www.durangosaso.orgoffice 970-259-3074 • Hotline 970-247-5400

# New Volunteer Application

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| Personal Information |
| First Name  |       | Last |       | **STAFF USE ONLY** |
| Primary Address |       | Reviewed by |  |
| City, State, Zip |       | Date |  |
| Permanent Address |       | Home Phone |       |
| City, State, Zip |       | Cell Phone |       |
| Email Address  |       | Birthday |       |
|  |  |
| Employer |       | May we contact ? | YES [ ]  | NO [ ]  |
| Have you ever been charged with a felony? | YES [ ]  | NO [ ]  | If yes, explain |       |
| Have you ever volunteered with SASO before? | YES [ ]  | NO [ ]  | If so, in what capacity? |       |
| Please mark which programs you are interested in: |  [ ]   | Hotline Advocacy | [ ]   | Prevention Education/ Programming | [ ]  | Short Term / Special Projects |

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| Volunteer History |
| What skills would you be excited to share with SASO? (Community organizing, fundraising, computer skills, graphic design, event planning, etc.) |
|       |
| Please list any languages you speak, other than English. |       |
|  |
| Describe your commitments in a typical week (work, school, family, etc). |
|       |
| Describe any previous volunteer experience. What gave you the most satisfaction and why? |
|       |

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| Please provide us with two references |
|  | Name |  | Phone |  | Relationship | Years Known |
| 1 |       |       |       |  |       |
| 2 |       |       |       |       |

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| intersections of sexual violence and oppression  |
| SASO is recruiting for people of different ages, genders, cultures, ethnicities, races, sexual orientations, languages, religions, abilities, nationalities and experiences. Please speak about your life experiences and what kinds of perspectives you would bring to SASO in this regard |
|       |
| We at SASO are challenging ourselves to recognize all forms of oppression and understand how they intersect. How would you feel about being challenged in this area? |
|       |
| In your opinion, why does sexual violence occur? |
|       |
| **Some volunteers for SASO have had personal experiences with sexual assault. This information will aid you and the SASO staff in understanding how this demanding work may impact you and your recovery process, and will remain confidential. All disclosures are voluntary, and may be discussed in person if you prefer.** |
| Have you, or has someone close to you, been directly impacted by sexual assault? | YES [ ]  | NO [ ]  |
| If yes, please give a brief description:  |       |
| Have you ever received counseling related to any sexual assault history? | YES [ ]  | NO [ ]  |
| If yes, please describe:  |       |
| If yes to above, have you discussed volunteering with SASO with your therapist? | YES [ ]  | NO [ ]  |
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| VOLUNTEER EXPECTATIONS |
| I will be able to attend all required training sessions | YES [ ]  | NO [ ]  |
| If no, please explain:  |       |
| **Hotline Only** – I will be able to attend one evening advocate meeting each month. | YES [ ]  | NO [ ]  |
| **Hotline Only** – I am willing to sign up for four (4) on call shifts per month. | YES [ ]  | NO [ ]  |
| **Hotline Only** –  | I understand that I need to have access to a vehicle and private phone while I am on call. | YES [ ]  | NO [ ]  |
|  |
| ***I certify that all of information provided on this application is correct.*** |
| Volunteer Signature: |       | Date: |       |
| **For more information or help with any questions please contact the SASO office at 970-259-3074****You may also submit your application by mail to PO Box 2723, Durango, CO 81302** |