

**Sexual Assault Resource Center  
Volunteer Application**

P.O. Box 3082, Bryan, TX 77805

Phone: 979-731-1000

Fax: 979-774-3810

NAME:

LAST

FIRST

MIDDLE

MAIDEN

DOB

T-SHIRT SIZE

PHONE NUMBER:

HOME

CELL

E-MAIL ADDRESS:

MAILING ADDRESS:

STREET

CITY

STATE

ZIP

PLACE OF EMPLOYMENT:

NAME

PHONE

IMMEDIATE SUPERVISOR:

NAME

TITLE

NUMBER OF CHILDREN AND AGES:

HIGHEST GRADE LEVEL COMPLETED:

HIGH SCHOOL

COLLEGE

OTHER

SKILLS, INTERESTS, HOBBIES:

DO YOU SPEAK ANY LANGUAGES OTHER THAN ENGLISH? ARE YOU FLUENT?

HOW DID YOU HEAR ABOUT OUR PROGRAM?



WHY ARE YOU INTERESTED IN VOLUNTEERING WITH OUR AGENCY?

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PLEASE LIST ANY PREVIOUS VOLUNTEERING EXPERIENCE(S) YOU HAVE HAD IN DEALING WITH PEOPLE IN CRISIS SITUATIONS.

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HAVE YOU HAD PREVIOUS RAPE CRISIS OR CHILD SEXUAL ASSAULT TRAINING? IF YES, PLEASE EXPLAIN WHEN AND WHERE.

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PLEASE LIST 2 PERSONAL REFERENCES, ONLY ONE OF WHICH IS A RELATIVE:

NAME:

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ADDRESS:

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PHONE:

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OCCUPATION:

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RELATION TO YOU:

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NAME:

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ADDRESS:

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PHONE:

---

OCCUPATION:

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RELATION TO YOU:

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HAVE YOU BEEN A VICTIM OF SEXUAL ASSAULT, ATTEMPTED SEXUAL ASSAULT, OR CHILD SEXUAL ASSAULT? IF YES, PLEASE ANSWER THE FOLLOWING QUESTIONS:

YES / NO / DO NOT WISH TO ANSWER (circle one)

\_\_\_\_\_ # of YEARS / MONTHS \_\_\_\_\_ CITY/STATE  
(circle one)

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE ANSWER THE FOLLOWING TWO QUESTIONS:

HAVE YOU HAD COUNSELING? YES NO

ARE YOU CURRENTLY RECEIVING COUNSELING? YES NO

HAS A FAMILY MEMBER OR CLOSE FRIEND BEEN SEXUALLY ASSAULTED? YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME (OTHER THAN MINOR TRAFFIC VIOLATIONS)?  
IF YES, PLEASE EXPLAIN (INCLUDE THE OFFENSE, LOCATION, AND OUTCOME OF CASE):

EMERGENCY CONTACT:

NAME PHONE ALTERNATE PHONE

ADDRESS RELATION TO YOU

I hereby certify that all answers given by me on this application are true and correct. I authorize the screening committee of the Sexual Assault Resource Center to write or telephone references that I have listed on this application for the purpose of acquiring reference information from them and to proceed with the screening process. I further release the Sexual Assault Resource Center and anyone releasing information to the Sexual Assault Resource Center from any liability based upon such release.

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

*All volunteer are subject to criminal background check.*

**PLEASE RETURN COMPLETED APPLICATION TO:**

**Caroline Adams, Volunteer Coordinator: [cadams@sarcbv.org](mailto:cadams@sarcbv.org)**

**SARC**  
P.O. Box 3082  
Bryan, TX 77805  
FAX: 979-774-3810





Background Verification Release Form

AGENCY INFORMATION

Form with fields: Date, Agency Name, Contact Name, Agency's Main Phone Number, Agency's Fax Number

APPLICANT INFORMATION:

Form with fields: Applicant Full Name (Last, First, MI), Maiden or Other Name(s) Used, Current Address, City, State, Zip Code, County, Social Security Number, Date of Birth, Driver's License Number, State Issued, Position Applied For, Gender (Male/Female), Race (African American, American Indian, Anglo, Asian, Hispanic, Other)

I hereby authorize VERIFYI and or its Service Provider to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Social Security Number Trace including a consumer report under the Fair Credit Reporting Act, 15 U.S.C 1681, Driving Record, Employment History from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers.

The criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time within 36 months from the date on this document. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge VERIFYI and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to VeriFYI for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

Applicant's Signature

Date

Applicant's Printed Name

Parent/Guardian's Signature (if under 18 years of age)

Brazos County Rape Crisis Center, Inc. dba  
**Sexual Assault Resource Center**  
**Confidentiality Agreement**

All volunteers, staff, direct service advocates, and interns are expected to maintain confidentiality of ANY and ALL information concerning the center's location, personal information regarding the staff, a victim/survivor, individual cases and records.

By signing this agreement, I understand that any violation to this confidentiality agreement will result in immediate removal of the participant in ANY and ALL center activities.

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Signature

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Date

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Printed Name

