

Support Group Interest Form

CMSAC provides free and confidential services to all victims and concerned persons of sexual violence. If you wish, you may obtain these services anonymously. **Completion of this form is optional.**

Central MN Sexual Assault Center
15 Riverside Drive NE
Saint Cloud, MN 56304
www.cmsac.org

Phone: 320-251-4357
Toll-free: 1-800-237-5090
Fax: 320-251-4670
cmsac@cmsac.org

Please mark the name of the group you are interested in:

Please refer to our website at cmsac.org/support-groups/ for more information about each group

W.O.W. Group (Women of Worth) Women's Support Group Men's Support Group

Concerned Person's Group Adolescent Support Group* Other:

*(can provided in schools)

Name/Alias: _____ Date: _____

Preferred name: _____ Gender Identification (ID): _____

Date of birth: _____ Ethnic ID: _____ Preferred language: _____

Address: _____ City: _____ State: _____

Zip Code: _____ County: _____

Preferred communication: Cell: (_____) _____ Home: (_____) _____

Work: (_____) _____ E-mail: _____

It is OK to leave a message identifying our agency name by: Cell Home Work Email

How did you hear about support groups at CMSAC?

What days and times are you available for group meetings?

We cannot guarantee these days and times will work for the group indicated

Do you feel comfortable sharing information about your experiences with the support group coordinator(s) and other support group members? **Yes / No**

If no, do you feel comfortable talking with staff about any concerns or questions? **Yes / No**

Is there anything you would like us to know about past experiences of sexual trauma? **Yes / No**

If yes, please explain:

Do you currently feel safe in your life? **Yes / No**

If no, what safety concerns do you have?

What do you hope to gain from attending a support group for those who have experienced or know someone who has experienced sexual violence?

If you have specific expectations or goals for support group, please indicate what these may be:

Please indicate any questions or concerns you have about the support group:

If there is anything we can do to support you, please don't hesitate to ask.

You are not obligated to attend each session. However, it is most effective to attend as regularly as your schedule allows.

For the safety of our group members, we ask that you are sober and drug-free during the support group meetings.

Signature: _____ Date: _____

Parent/Guardian Signature _____ Date: _____

(not required; for more information please refer to item six on the form titled, "Your Rights Related to Confidentiality/Data Privacy and Services")