

CMSAC Sexual Violence Advocate Application

Position Title: Sexual Violence Advocate

Purpose of Job: The purpose of a sexual violence advocate is to support and advocate for the rights and self-defined needs of survivors of sexual violence and their friends, families, and other concerned persons on the Central MN Sexual Assault Center's (CMSAC) 24-hour crisis phone line and in person at area hospitals, law enforcement centers, and other community locations.

Requirements:

- Be 18 years of age or older.
- Successfully complete the Minnesota-mandated 40+ hour sexual violence advocate training, including CMSAC's post-interviews.
- Commit to taking a minimum of two crisis line shifts per month. Sexual violence advocates use their own personal cell phones and work from home during shifts. Volunteer shifts are either 16 or 24 hours long during the evening and on weekends.
- Commit to volunteering as an advocate with CMSAC for a minimum of 12 months.
- Live in our service area of Benton, Stearns, Sherburne, and Wright counties.
- Attend monthly advocate meetings and other specified trainings as advised by the Client Services Coordinator for the purposes of continuing education and case consultation.

Responsibilities: The Central Minnesota Sexual Assault Center sexual violence advocate, under supervision, will be asked to:

- Serve as a first responder for CMSAC's 24-hour crisis phone line.
- Provide crisis intervention, support, and sexual violence education to victims and their friends, families, and other concerned persons.
- Provide victims with accurate information about their medical, law enforcement, and legal options.
- Accompany victims to local hospitals and law enforcement centers when seeking medical care and criminal justice assistance. Support survivors during these proceedings.
- Empower victims to make the decisions that are best for them in a victim-centered, trauma-informed, and professional manner.
- Work as a team with multidisciplinary professionals, such as law enforcement, medical, and legal personnel, to provide the best care and services possible for victims of sexual violence and their friends and families.
- Provide resources and referrals to survivors of sexual violence, their friends, families, and other concerned persons.
- Notify the Client Services Coordinator of all crisis line activity, complete appropriate paperwork, and follow policies and procedures as discussed during training.

Volunteer Application

(attach additional pages if needed)

Name: _____ Pronouns: _____ Date: ___/___/___

Address: _____ City: _____ State: _____ Zip Code: _____

Do you live in our service area of Benton, Stearns, Sherburne, or Wright counties? _____

Birthdate: ___/___/___ E-mail: _____ Phone Number: _____

Occupation: _____ Employer: _____

Educational Background: _____

Do you have access to transportation? _____

Are you able to make a 12 month commitment to CMSAC? _____

Have you taken a sexual violence advocacy training? If so, where? _____

How did you hear about this volunteer opportunity? _____

Discuss your reasons for wanting to volunteer with CMSAC: _____

What experience or background do you have that may aid you in your volunteer work? _____

What do you do to practice self-care? _____

What is your comfort level talking about and working with issues of sexuality? _____

Have you been a victim of sexual assault? If yes, please explain the steps you have taken to take care of yourself. _____

What is your experience working with other different identities, communities and cultures (i.e. Latinx community, LGBTQIA+, people with disabilities, etc.). Give examples. _____

We work closely with medical providers who discuss and administer emergency contraception (EC). Do you have any convictions or biases regarding this? _____

Are you comfortable learning through an online platform? _____

Are you familiar with using Google Drive? _____

Advocates are required to attend monthly advocate meetings. The meetings are held every third Wednesday of the month from 5:30pm to 6:30pm unless otherwise indicated. Will you be able to attend these? _____

Rate your comfort level working with the following issues (1=lowest, 5=highest):

	1	2	3	4	5
Suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Background Check

Full Legal Name: _____ Birthdate: ___/___/___

Have you ever been convicted of a crime in the United States? If so, please explain:

A criminal record does not necessarily disqualify you from volunteering with CMSAC

I authorize the release of the above information to the Central MN Sexual Assault Center for the purposes of checking the criminal background of the above named individual for consideration as a sexual violence advocate.

Signature: _____ Date: ___/___/___

Do not write below this line, for office use only.

Staff Name: _____ Date of background check: ___/___/___

Record of criminal activity, if any: