

Dear Prospective Volunteer,

Thank you for your interest in becoming a volunteer with The Shafer Center for Crisis Intervention. Enclosed you will find an application, an authorization to release information, a description of the services our volunteers provide and three reference letters.

Volunteer training is mandatory. Any sessions missed must be approved by the volunteer coordinator and made up at a later date. You will be given more information such as: (dates, times, location, etc.) for the training after your application and interview has been completed and approved.

We are looking for volunteers who will be committed to our program. This commitment on your part is extremely important. We believe it is crucial to the clients we serve to provide them with the best support possible during their time of need. This personal commitment must be viewed as more than just a "good idea."

We ask that our volunteers commit for at least one year. Volunteering with the Shafer Center is truly like no other volunteer service. Our volunteers find it exciting, rewarding, and realize that they can make a difference.

Please complete the enclosed application and waiver; then mail them to us **immediately**. You may return them by mail, email (by scanning them and attaching them to the e-mail) or fax to the following:

Mail: 118 College Dr. #5196, Hattiesburg, MS 39406

Email: [thshafercenter@aol.com](mailto:thshafercenter@aol.com)

Fax: 601-264-7078 (this is also a phone line so you have to call first to have someone ready for your fax)

After the application process, you will be asked to participate in an interview. Interviews are informal and provide an opportunity for asking questions. We want to make sure this is the type of volunteer service that is right for you. If you have any question please feel free to contact me or any other staff member at 601-264-7777 or 601-264-7078.

Sincerely,

Ornisha Brown, B.S

Volunteer Coordinator



118 College Drive, Box 5196  
Hattiesburg, MS 39406-5196  
Phone (601) 264-7777 (24 hour crisis line)  
[www.theshafecenter.org](http://www.theshafecenter.org)

### CRISIS LINE/ADVOCATE VOLUNTEERS

- Offer assistance to victims by staffing the 24-hour crisis line. With the call forwarding system, answer the crisis line in their own home when they are scheduled for a shift.
- Are required to take 2 crisis line phone shifts per month. However, additional shifts may be taken with a maximum of 4 shifts per month.
- Commit to at least one year of service. Exceptions must be discussed with volunteer coordinator.
- Are able to accept crisis line shifts that are convenient to their schedules.
- Offer continued emotional support on an as needed basis to victims, their families, friends, and significant others.
- Provide relevant and needed resources and referrals to crisis line caller.
- Provide assistance with community health fairs as opportunities arise.

“Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it is the only thing that ever has.” ~Margaret Mead





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PROSPECTIVE VOLUNTEER APPLICATION

PLEASE PRINT OR TYPE

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: _____ _____ _____
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Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Current Employer: \_\_\_\_\_

In Case of Emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Do you have transportation? \_\_\_\_\_

Experience & Training

Work Experience: \_\_\_\_\_

\_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

\_\_\_\_\_

Special training, skills, certification: \_\_\_\_\_

\_\_\_\_\_

Business School, College or Continuing Education Courses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you hope to gain from your involvement with The Shafer Center? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Many times, people volunteer to assist a particular organization because of personal experiences which relate to the purpose to that organization. We realize that answering the following questions may be difficult, but it is important in processing your application to know this information. Let us assure you that The Shafer Center consists of volunteers who have and volunteer who have not been sexually victimized. All information will be kept confidential.

Have you ever been raped or sexually abused? If so, when? \_\_\_\_\_

Were you acquainted with the person(s) who abused you? \_\_\_\_\_

What was the general duration of the period of abuse (once? weeks? years?) \_\_\_\_\_

How long has it been since the last incident of abuse? \_\_\_\_\_

Was the abuse reported? \_\_\_\_\_ If no, why not? \_\_\_\_\_

If the abuse was reported, please describe your experience with the agencies involved (Welfare Dept., Law Enforcement, Courts, etc.): \_\_\_\_\_

Have you ever received counseling or psychiatric treatment for any reason? \_\_\_\_\_

If yes, what was the reason? \_\_\_\_\_

For what reason was counseling or treatment terminated? \_\_\_\_\_

**CHARACTER REFERENCES:** Reference forms are included as part of this application. The forms should be completed by former/present employers or persons who have known you for at least one year or more. **FORMS WILL NOT BE ACCEPTED IF COMPLETED BY RELATIVES.** The completed forms should be mailed **DIRECTLY TO THE SHAFER CENTER.** Listed below persons/agencies to whom you are giving these reference forms.

Note: Be sure to place your name at the top of each reference form in the space marked applicant.

- |                |                                  |
|----------------|----------------------------------|
| 1. Name: _____ | Relationship to Applicant: _____ |
| 2. Name: _____ | Relationship to Applicant: _____ |
| 3. Name: _____ | Relationship to Applicant: _____ |

I hereby state that all information provided is complete and correct. I give permission to The Shafer Center to contact the individuals/ agencies named herein, or others regarding my suitability as a volunteer with The Shafer Center, as deemed necessary.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





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**PERMISSION FOR RELEASE OF INFORMATION FROM CRIMINAL RECORDS**

I hereby give my permission for the release of The Shafer Center For Crisis Intervention of information from law enforcement files concerning any past history of sex offenses or offenses against children with which I may have been charged or convicted.

I understand that the information to be released will concern only charges and/or convictions of carnal knowledge of a child under 14 years of age, sexual battery, seduction of a child under the age of 18, touching a child for lustful purposes, dissemination sexually oriented material to children, exploitation of children, carnal knowledge of a step-child, adopted child or a child of a cohabitating partner, or unnatural intercourse. No information will be released on any criminal record I may have which does not relate to these particular crimes.

I understand that information will be released on any conviction, any pending charges, or any arrests if I have been arrested two or more times.

I understand that The Shafer Center For Crisis Intervention has the right to require this record check as a condition of employment, volunteering, and service learning.

I understand that I will be sent a copy of any information released from your files pursuant to this permission form and that I have the right to challenge the accuracy and completeness of this information.

I understand that this information will be used only for employment, volunteering and service learning purposes and will not be disseminated to other persons or used for any other purpose.

Signature \_\_\_\_\_

Street or Box Number \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

\_\_\_\_\_  
Witness to Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth





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Hattiesburg, MS 39406-5196  
Phone (601) 264-7777 (24 hour crisis line)  
thshafercenter@aol.com

Applicant: \_\_\_\_\_

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

Dear Friend:

The applicant named above has listed you as a character reference. She/he is interested in becoming a member of our organization as an active volunteer. This will bring him/her into very close relationships with sexual assault victims and their families. She/he must be able to relate well to people, be warm, understanding, and mature and remain calm in stressful situations. We would like to have certain information about the applicant. Answering the questions that follow can sum up this information. We ask you to give serious consideration to your evaluation since we rely heavily on your reply. In making a decision that will affect the emotional adjustment of the victims with whom we work. **PLEASE MAIL OR EMAIL (BY SCANNING THEM AND ATTACHING THEM TO THE E-MAIL) THIS REFERENCE FORM DIRECTLY TO OUR AGENCY.** Your candid and frank comment will be held in strictest confidence.

1. In what capacity have you known the applicant? How long?

\_\_\_\_\_  
\_\_\_\_\_

2. Is this person sensitive to the feelings and needs of others?

\_\_\_\_\_  
\_\_\_\_\_

3. Is this person responsible and reliable?

\_\_\_\_\_  
\_\_\_\_\_

4. How would you describe the applicant's maturity and emotional stability under pressure?

\_\_\_\_\_  
\_\_\_\_\_

5. Do you think this person would be an effective support person to victims of sexual assault? Why or why not?

\_\_\_\_\_  
\_\_\_\_\_

6. Any additional comments are appreciated. Please attach additional page as needed.

Print your name \_\_\_\_\_ Phone \_\_\_\_\_

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

Address \_\_\_\_\_





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

Address \_\_\_\_\_