



Dear Prospective Volunteer or Intern

Thank you for your interest in becoming a Volunteer Sexual Assault Crisis Counselor or Intern. Attached you will find application materials. Completion of these forms is the first step in the application process.

Included in the application packet are the following items:

- Volunteer Application: please complete all questions and attach a resume and a copy of your high school diploma.
- Two confidential references forms: please give to at least one personal and one professional reference, asking them to complete the form, sign it, and enclose it in a sealed envelope and sign over the seal.
- Statement of Health: to be completed by your physician.  
Volunteer Criminal History Request and Authorization Form and DCF Background Check Form: please complete in their entirety and sign.

Please bring the completed forms, references, as well as a resume, a high school diploma (or copy of highest completed degree), driver's license and proof of car insurance to your interview. Following your interview and a review of your application packet, you will be contacted regarding your application status.

Thank you again for your interest in joining us in our mission to eliminate sexual violence.

Sincerely,

A handwritten signature in black ink that reads 'Rebecca Fernandez'.

Rebecca Fernandez  
Coordinator of Advocacy Services

169 Colony Street ■ Meriden, Connecticut ■ 06451-3283 ■ Phone: 203-235-9297 ■ Fax: 203-237-7571  
Women and Families Center  
[www.womenfamilies.org](http://www.womenfamilies.org)



# WFC: Sexual Assault Crisis Service

## VOLUNTEER APPLICATION

*Thank you for your interest in volunteering with WFC SACS!*

Date of Application:	_____		
Name:	_____	Birthday:	_____
Address:	_____ _____		
Phone Number:	(    ) _____	Cell/Pager Number:	(    ) _____
E-mail Address:	_____		
Place of Employment:	_____	Job Title:	_____
Work Phone:	(    ) _____	May we call you at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No

1. How did you learn about this volunteer training?
2. There are lots of places looking for volunteers. Why did you choose us?
3. Where else have you volunteered? Do you volunteer now? Where and doing what?
4. Please describe any experience or training you have in the following areas: counseling, crisis intervention sexual violence, running groups, medical or legal issues, community resources, or public speaking.



**Women and Families Center Sexual Assault Crisis Service  
VOLUNTEER REFERENCE FORM**

*To the applicant:*

Please fill out the lines below and give this form to each of your references. Your reference should complete this form, seal it in an envelope, sign his or her name across the seal on the outside of the envelope, and return it to you to include with the application you provide to Women and Families Center.

Applicant's Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number and street City State Zip

Home Phone: ( ) \_\_\_\_\_

Position Applied For: \_\_\_ Volunteer \_\_\_ Intern

*To the Personal Reference:*

Women and Families Center engages volunteers and interns in a variety of roles to support direct services within Sexual Assault Crisis Service. All our volunteer positions demand professionalism, integrity, reliability and flexibility in providing a vast array of counseling and educational services to victims of sexual violence, their loved ones, and our community.

The person named above is applying to be a volunteer or intern. As a volunteer or intern, he/she will have the responsibilities of providing supportive counseling and crisis intervention services to victims of sexual assault and their loved ones through the agency's 24 hour hotline, providing individual or group supportive counseling services, providing accompaniment during medical, police and legal proceedings, and/or presenting educational programs to community groups, schools and professionals.

Considerable value is placed on personal references during the application review and selection process. Your input is greatly appreciated.

Name of Reference: \_\_\_\_\_  
Last First Middle

Position/Title: \_\_\_\_\_

Organization/Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**KNOWLEDGE OF THE APPLICANT**

How long have you known the applicant? Years: \_\_\_\_\_ Months: \_\_\_\_\_

In what capacity have you known the applicant?

---

---

---

**WORK PERFORMANCE**

Please comment on such qualities as the applicant's level of dependability, initiative, and ability to work with minimal supervision and as a member of a team.

---

---

---

---

---

---

---

---

---

---

**OVERALL RATING (Work performance):** (please circle one)

Outstanding   Above average   Satisfactory   Below average   Unsatisfactory

**VALUES:**

Volunteers of the Women & Families Center are required to respect the values and beliefs of a diverse staff, volunteer and client population. Values such as openness and non-judgment are essential. Please comment on your knowledge of the applicant in this area.

---

---

---

**OVERALL RATING (Values):** (please circle one)

Outstanding   Above average   Satisfactory   Below average   Unsatisfactory

Please comment on the applicant's ability to adapt and work under emotionally difficult situations with victims of sexual assault and their loved ones.

---

---

---

**OVERALL RATING:** (please circle one)

Outstanding   Above average   Satisfactory   Below average   Unsatisfactory

*Please use this space to individualize the applicant, commenting on her unique talents, skills, abilities and/or experience.*

**CONFIDENTIALITY STATEMENT** (please choose one)

- I authorize the Women & Families Center to identify me as the source of this reference and to release a copy of this reference in its entirety upon request to the applicant.
- I do not authorize the Women & Families Center to identify me as the source of this reference, nor do I authorize the release of a copy of this reference in its entirety to the applicant.

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

**PLEASE RETURN THIS FORM, IN AN ENVELOPE SIGNED  
ACROSS THE SEAL, DIRECTLY TO THE APPLICANT.**

**Women and Families Center Sexual Assault Crisis Service  
VOLUNTEER REFERENCE FORM**

*To the applicant:*

Please fill out the lines below and give this form to each of your references. Your reference should complete this form, seal it in an envelope, sign his or her name across the seal on the outside of the envelope, and return it to you to include with the application you provide to Women and Families Center.

Applicant's Name: \_\_\_\_\_  
Last
First
Middle

Address: \_\_\_\_\_  
Number and street
City
State
Zip

Home Phone: ( ) \_\_\_\_\_

Position Applied For: \_\_\_ Volunteer \_\_\_ Intern

*To the Personal Reference:*

Women and Families Center engages volunteers and interns in a variety of roles to support direct services within Sexual Assault Crisis Service. All our volunteer positions demand professionalism, integrity, reliability and flexibility in providing a vast array of counseling and educational services to victims of sexual violence, their loved ones, and our community.

The person named above is applying to be a volunteer or intern. As a volunteer or intern, he/she will have the responsibilities of providing supportive counseling and crisis intervention services to victims of sexual assault and their loved ones through the agency's 24 hour hotline, providing individual or group supportive counseling services, providing accompaniment during medical, police and legal proceedings, and/or presenting educational programs to community groups, schools and professionals.

Considerable value is placed on personal references during the application review and selection process. Your input is greatly appreciated.

Name of Reference: \_\_\_\_\_  
Last
First
Middle

Position/Title: \_\_\_\_\_

Organization/Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**KNOWLEDGE OF THE APPLICANT**

How long have you known the applicant? Years: \_\_\_\_\_ Months: \_\_\_\_\_

In what capacity have you known the applicant?

---

---

---

**WORK PERFORMANCE**

Please comment on such qualities as the applicant's level of dependability, initiative, and ability to work with minimal supervision and as a member of a team.

---

---

---

---

---

---

---

---

---

---

**OVERALL RATING (Work performance):** (please circle one)

Outstanding   Above average   Satisfactory   Below average   Unsatisfactory

**VALUES:**

Volunteers of the Women & Families Center are required to respect the values and beliefs of a diverse staff, volunteer and client population. Values such as openness and non-judgment are essential. Please comment on your knowledge of the applicant in this area.

---

---

---

**OVERALL RATING (Values):** (please circle one)

Outstanding   Above average   Satisfactory   Below average   Unsatisfactory



Please comment on the applicant's ability to adapt and work under emotionally difficult situations with victims of sexual assault and their loved ones.

---

---

---

---

**OVERALL RATING:** (please circle one)

Outstanding   Above average   Satisfactory   Below average   Unsatisfactory

*Please use this space to individualize the applicant, commenting on her unique talents, skills, abilities and/or experience.*

**CONFIDENTIALITY STATEMENT** (please choose one)

- I authorize the Women & Families Center to identify me as the source of this reference and to release a copy of this reference in its entirety upon request to the applicant.
- I do not authorize the Women & Families Center to identify me as the source of this reference, nor do I authorize the release of a copy of this reference in its entirety to the applicant.

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

**PLEASE RETURN THIS FORM, IN AN ENVELOPE SIGNED  
ACROSS THE SEAL, DIRECTLY TO THE APPLICANT.**



01/2012

# Authorization for Release of Information for DCF CPS Search



I, \_\_\_\_\_ do hereby authorize the Department of Children and Families to research  
(Type Applicant Name)

its records to determine whether or not I am on the central registry of persons responsible for child abuse and neglect I understand that this information may be used to determine my suitability solely for (check one):  Employment  Day Care  Volunteer  Intern  Mentor  Other

By: Agency Name / Address/City / State / Zip Code  
Attention: Astrid M. Ojeda, Human Resource Manager  
Agency: Women and Families Center  
Address: 169 Colony Street  
City: Meriden State: CT Zip Code: 06451

I release the Department of Children and Families from any liability for any damages I may incur which may result from the release / use of this information. I submit my following information to assist the Dept. of Children and Families in their search.

PLEASE TYPE OR PRINT LEGIBLY / LEAVE NO BLANK SPACES

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Last First Middle Social Security #:  
 Address: \_\_\_\_\_  
 Street (No P.O. Boxes) Apartment No. How Long at Current Address: \_\_\_\_\_  
 City State Zip Code Yrs. Mos.

Previous Address(es)/List All for the Last Five Years (continue on reverse side of form if necessary)						Dates		
Street (No P.O. Boxes)	Apt. #	City/Town	State	Zip Code	From		To	
					Month/Yr.	Month/Yr.		

Other Names I have Used – Including Maiden, Previous Marriages(s)			Check if reverse side used
Last	First	Middle	

Name of Spouses/Other Adults in the Home – Past and Present					Check if reverse side used
Last	First	Middle	D.O.B. Month/Day/Year	Signature/Date (if Still in the Home)	

Names of ALL Child(ren) – Biological, Stepchildren Including Adult Children In or Out of the Home					Check if reverse side used
Last	First	Middle	Sex	D.O.B. Month/Day/Year	

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

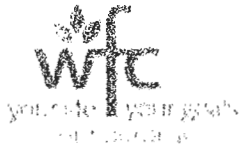
**THIS AUTHORIZATION WILL EXPIRE 180 DAYS AFTER THE DATE OF THE SIGNATURE FORMS NOT FILLED OUT COMPLETELY AND PRINTED CLEARLY WILL BE RETURNED. DO NOT LEAVE ANY BLANK SPACES. PLEASE SPECIFY WITH N/A IF NOT APPLICABLE.**

\*\*\*\*DCF Conducts a Search of the CT Registry ONLY\*\*\* The Accuracy of this Search is Limited to the Information Provided by the Applicant to DCF

Mail to: DCF Carline Background Searches – 505 Hudson Street – 5<sup>th</sup> Floor – Hartford, CT 06106 or FAX: 860-560-7072

DCF-CT Carline CPS-BGC USE ONLY DO NOT WRITE BELOW THIS LINE

DATE: \_\_\_\_\_ Central Registry: YES \_\_\_\_\_ NO \_\_\_\_\_ Processor's Initials: \_\_\_\_\_



**DISCLOSURE AND AUTHORIZATION FORM  
TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES**

*Please Read Carefully Before Signing the Authorization*

**DISCLOSURE**

In considering you for employment, the Women and Families Center in Meriden may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

A "consumer report" is a written, **oral** or other communication of any information by a consumer reporting agency bearing on your character, general reputation, and/or personal characteristics which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, criminal history reports, or driving records.

Under the FCRA, before the Women and Families can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.



## AUTHORIZATION

I, \_\_\_\_\_ have read and understand the foregoing Disclosure, and authorize the Women and Families Center to obtain and rely upon consumer reports or investigative consumer reports in considering me for employment, and if I am employed, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline.

By my signature below, I authorize the Women and Families Center to obtain any such reports and to share the information received with any person involved in the employment decision about me.

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Women and Families Center.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



**PERSONAL DATA**

\_\_\_\_\_  
Last Name                                      First Name                                      Middle Name

\_\_\_\_\_  
Current Address                                      Dates Lived Here

Addresses for the Past Seven Years: (include street, city, state, zip code)      Dates  
of Residence:

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

\_\_\_\_\_  
Date of Birth                                      Other Names Used (including maiden name)                                      Years Used

\_\_\_\_\_  
Social Security Number                                      Driver's License #                                      State

\_\_\_\_\_  
Email address (may be used for official correspondence)

I certify that all of elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

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



WOMEN AND FAMILIES CENTER  
MOTOR VEHICLE REPORTS (MVR) RELEASE FORM

MUST BE SIGNED BY JOB APPLICANT/EMPLOYEE/VOLUNTEER

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

Name: \_\_\_\_\_

Attention: Women and Families Center

I am aware that motor vehicle reports may be obtained as part of Women and Families Center's evaluation of my job application and/or employment. The reports may be procured by WFC or its insurance company representative(s), and may include personal information obtained from state motor vehicle departments, my driving record and an assessment of my insurability for the insurance program.

By signing this letter, I hereby provide my authorization for WFC or their insurance company representative(s) to procure such information to evaluate my insurability for driving on company business.

Sincerely,

\_\_\_\_\_  
Signature Applicant/Employee/Volunteer

\_\_\_\_\_  
Name as it appears on Driver License

\_\_\_\_\_  
Driver License Number/State of Issuance

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



Statement of Health  
Women and Families Center Volunteers  
(REQUIRED YEARLY)

PATIENT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

**STATEMENT OF HEALTH STATUS**

This is to certify that I have examined the above named person and found him/her to be in good health and free from medical or emotional illness or disorder that would currently pose a risk to others or interfere with effective functioning in their duties at the Women and Families Center.

Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Signature of Physician\*: \_\_\_\_\_

**\*This statement may be signed by a licensed physician, advanced practice registered nurse or physician assistant.**

Date of Exam: \_\_\_\_\_ Phone Number: \_\_\_\_\_