



Volunteering with Women and Families Sexual Assault Crisis Services

Thank you for expressing an interest in volunteering with Women and Families Sexual Assault Crisis Services (WFC SACS). Our team of volunteers play a vital role in our agency and within the fight in ending sexual violence.

The WFC SACS provides services to 28 towns, including the shoreline, New Haven County, and Middletown County. We are located in Meriden and have satellite offices in New Haven and Middletown.

The WFC SACS provides confidential support services for survivors of sexual violence and their loved ones. This includes a 24-hour hotline, one-on-one crisis counseling, support groups, advocacy, accompaniment during the medical, police, and the legal process, information, resources, and referrals to other social and legal services if needed. All of our direct services are free and confidential. We also partner with local schools, colleges, and universities to provide educational programs. All of our services, direct and educational are provided by certified sexual assault victim advocates who undergo training and have privileged communication as defined by Connecticut state law CGS § 52-146k. All of our services are offered to all types of survivors regardless of their race, age, sex, sexual orientation, gender identity, immigration status, ethnicity, nationality, and spiritual/religious affiliations.

Those interested in volunteering with the WFC SACS would be required to complete our 40-hour Sexual Assault Advocate/Counselor certification course. This training will prepare volunteers to effectively work closely with victim/survivors of sexual violence and create change within our communities. Volunteers will participate in a variety of activities within WFC SACS and will be required to take a minimum of 2 shifts a month and asked to make a one-year commitment. Scheduling shifts is flexible and is based around your availability. Hotline shifts are weekdays between 6:00pm to 6:00am and weekends between 6:00am to 6:00pm and 6:00pm to 6:00am. A 6-hour recertification training will be required yearly as well as maintaining the minimum monthly shift coverage in order to maintain your Sexual Assault Advocate/Counselor certification.

All volunteers must be at least 18 years of age, have a high school diploma/GED, a driver's licenses. Volunteers will need to complete a volunteer application, interview, and have a background check before starting the Sexual Assault Advocate/Counselor training.

If you are interested in volunteering with the Women and Families Sexual Assault Crisis Services, please fill out the attached application and submit the completed paperwork to our Interim Volunteer Coordinator, Nydia Roldan at NRoldan@WomenFamilies.org

We look forward to hearing from you and hope you become part of the WFC SACS family!

Anne Malisk

Anne Malisk, MSW
Director, Sexual Assault Crisis Services
Women and Families Center
AMalisk@WomenFamilies.org



**Application for Volunteering with
Women and Families Sexual Assault Crisis Services**

Name (first, last):

CT address (number, street, town, state, zip):

Phone number:

Do you text?

Gender:

Race:

Personal email address:

Birthday:

Are you okay with being on the hotline a minimum of 2 days a month?

Do you have a driver's licenses? If so, what is your driver license number and what state it is issued in?

Do you have access to a car?

Place of employment and job title:

Work phone number?

May we call you at work?

Do you speak any language other than English? If so, please indicate the language and level of fluency:

How did you learn about the Women and Families Sexual Assault Crisis Services training?

What made you chose to volunteer with the Women and Families Sexual Assault Crisis Services?

Where else have you volunteered? Do you volunteer there now? What do you do?

Please describe any experience or training you have in the following areas: counseling, crisis intervention with sexual violence, running groups, medical, legal, or police issues, community resources, or public speaking?

Please describe any hobbies, special interests, activities, and organizations/clubs you belong to:

Please describe your willingness and ability to work with diverse populations and to provide services in an open and nonbiased matter. Also include any relevant trainings or experience.

Have you had any personal experiences that may help or hinder your ability to be an effective volunteer?

Volunteering for Women and Families Sexual Assault Crisis Services can be emotionally difficult at time. How do you tend to address life's challenges and stresses, especially when you feel emotionally overwhelmed?

AUTHORIZATION FOR RELEASE OF INFORMATION FOR DCF CPS SEARCH

DCF-3031

8/19 (Rev.)



I, (Applicant Name): _____ do hereby authorize the Department of Children and Families to research its records and if applicable request out of state checks, 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): <input type="checkbox"/> Employment <input type="checkbox"/> Day Care <input checked="" type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Mentor <input type="checkbox"/> Other: _____					(This area for DCF Use only)						
Name of Agency (requesting background check): Women and Families					Attention: Astrid Ojeda, HR Manager						
Address: (No. and Street): 169 Colony Street					City: Meriden		State: CT		Zip: 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 Department of Children and Families in their search.											
Applicant Last Name			Applicant First Name:		Middle:		DOB:		SS:		
Applicant Address: (No. and Street):				Apartment #:	City:		State:	Zip:	Years at current address?*		
									Years	Months	
List All Previous Applicant Address(es) for the Last Five Years <input type="checkbox"/> Check if an additional sheet is necessary, and attached											
Address: (No. and Street):			Apartment #:		City:		State:	Zip:	Dates From:		
									Month	Year	
									Month	Year	
Other Names I have Used – Including Maiden, Previous Marriages(s) <input type="checkbox"/> Check if an additional sheet is necessary and attached											
Last Name			First Name:		Middle:		DOB:		SS:		
Name of Spouses/Other Adults in the Home – Past and Present <input type="checkbox"/> Check if an additional sheet is necessary and attached											
Last Name			First Name:		Middle:		DOB:				
Names of ALL Child(ren) – Biological, Stepchildren, Including Adult Children in or Out of the Home <input type="checkbox"/> Check if an additional sheet is necessary and attached											
Last Name			First Name:		Middle:		DOB:		Gender:		
									<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Unknown
									<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Unknown
									<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Unknown
									<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Unknown
Do you have an active DCF investigation at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have an active appeal of a DCF investigation at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Applicant Signature:									Date:		
This authorization will expire 180 days after the date of the signature. Forms not filled out completely and / or 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											
How To Submit: Email: DCF.BackgroundCheck@ct.gov Fax: 860-560-7071 Mail: DCF-Background Check Unit, 505 Hudson Street, Hartford, CT 06106											
Please be advised that due to the large volume of forms received, we are unable to provide confirmation of receipt or status updates during the background check process. If, after 4 weeks, you do not receive the results of any form(s) you sent in or if you have any questions, please contact the BGC Unit.											



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 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