



RUTGERS-NEW BRUNSWICK

**Office for Violence Prevention
and Victim Assistance**

Division of Student Affairs

**Office for Violence Prevention
and Victim Assistance**

Rutgers-The State University
of New Jersey
3 Bartlett Street
New Brunswick, NJ 08901

vpva.rutgers.edu
vpva@rutgers.edu
p. 848-932-1181
ff. 732-932-3123

Volunteer Crisis Response Advocate Application

PERSONAL HISTORY

Full name: Last, First, Middle _____

Pronouns: _____

Date of birth: [DOB] ____ / ____ / ____
Month, Day, Year

Place of birth: _____
City, State/Country

Permanent (Home) Address: _____
(Street, City, State, Zip Code)

Campus or Local Address (if different from above):

(Street, City, State, Zip Code or Residence Hall)

Cell Phone #: (_____) _____ - _____

Email address: _____

School or College: _____ Expected Graduation Date: _____

If Faculty or Staff, list Department: _____

EDUCATIONAL DATA

Faculty, Staff or Graduate Students: List colleges/universities attended. Include name of school, location, dates attended, course pursued, date graduated, degrees or diplomas.

What professional license(s) do you possess?

List your proficiency in any foreign language as "slight", "good", "fluent":

LANGUAGE	SPEAK	UNDERSTAND	READ	WRITE
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Please acknowledge the following requirements by signing your initials next to each one.

- ☐ 18 years of age or older
- ☐ Access to a car
- ☐ No criminal history
- ☐ No prior history as a defendant in a violence related matter
- ☐ Have an active cell phone
- ☐ Volunteering requires me to be within 45 minutes of campus when on call
- ☐ Volunteer shifts are whenever the office is closed, which is overnight evenings, weekends, and when the university is closed. I acknowledge volunteering would be during those times.

COURT RECORD

Have you ever been convicted of violating any law since age 18?

YES ☐ NO ☐ If "yes", give date, place, charge, disposition and details:

REASON FOR APPLYING FOR VOLUNTEERING

What, if any, has been your experience in Sexual Assault and Domestic Violence?

(Use an additional sheet if necessary.)

Please explain your reasons for applying as a volunteer to the Rutgers University Crisis

Response Advocate Team.

(Use an additional sheet if necessary.)

I understand that any appointment tendered to me will be contingent upon the results of my criminal and judicial background checks and successful completion of training. I am aware that willfully withholding information or making false statements on this application will be the basis for dismissal as a Crisis Response Advocate. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete, to the best of my knowledge.

Signature of Applicant

Date

Please return this application to
Jade Thompson (mt926@echo.rutgers.edu)
Angela DeCristofano (ard215@echo.rutgers.edu)

You will be contacted via email if there are any questions about the application and with any information about upcoming trainings.