



# Volunteer Application Form

**STRICTLY PRIVATE AND CONFIDENTIAL**

Crisis Support Program

Prospective Volunteer Application Form

Please complete this application form if you are interested in becoming a Crisis Support volunteer with SACHA, the Sexual Assault Center (Hamilton & Area). Once you complete the form, please send it to [rachel@sacha.ca](mailto:rachel@sacha.ca).

## Personal Information

First Name:	Last Name:	Pronouns:
Address:		
City:	Province or Territory:	Postal Code:
Primary Phone:		Other Phone:
Email:		

## Training and Experience

We do not collect resumes. Please provide a few highlights of relevant training/experience (max ~500 characters).

## Requirements for Being Considered for Training

In order to participate in training and be considered to become a SACHA Crisis Support Volunteer you must meet the following requirements:

1. Be 18 years of age or older.
2. Be a Trans or cis woman-identified or non-binary person including persons who identify as genderqueer and/or gender non-conforming.
3. Commit to staffing the Support Line for eight hours per week (broken up into two 4-hour shifts) for a year after training.
4. Be living in Hamilton for at least one year after training.
5. Have private access to a phone and the Internet.
6. Be able to provide a vulnerable sector police screening (you will receive a letter to the police when in training so you can be reimbursed by SACHA, *please do not go yet*).

I have read and understood the above-mentioned requirements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## References

Please provide the names and contact information of two references, at least one of whom is not a friend. These should be people who have known you for at least two years, and who are able to provide information regarding your suitability to work with survivors of sexualized violence. Family members and your therapist are not accepted as references.

Please provide at least one phone number and email if possible.

Reference 1	Reference 2
Name:	Name:
Relationship:	Relationship:
Address:	Address:
Work Phone:	Work Phone:
Cell:	Cell:
Email Address:	Email Address:

I authorize SACHA, Sexual Assault Centre (Hamilton & Area) to contact the above-named referees in connection with my application for the crisis support volunteer position. I authorize these referees to provide a reference in connection with my application for this position.

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Signature

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Date