



**Campus Ambassador Application**

Date \_\_\_\_\_

\_\_\_\_\_

|      |       |         |               |
|------|-------|---------|---------------|
| Last | First | Initial | (Name Called) |
|------|-------|---------|---------------|

Address

\_\_\_\_\_

|        |      |       |     |
|--------|------|-------|-----|
| Street | City | State | Zip |
|--------|------|-------|-----|

Phone \_\_\_\_\_

|      |                 |
|------|-----------------|
| Cell | OK to text? Y/N |
|------|-----------------|

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

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

How did you learn about SAFE Homes-Rape Crisis Coalition?

\_\_\_\_\_

College \_\_\_\_\_ Year (current) \_\_\_\_\_ Major \_\_\_\_\_

What previous volunteer experience have you had? \_\_\_\_\_

\_\_\_\_\_

Please list any special skills or training: \_\_\_\_\_

Organizations, Clubs, Teams, Activities: \_\_\_\_\_

\_\_\_\_\_

Do you know anyone working at SAFE Homes-Rape Crisis Coalition \_\_\_\_\_ ?

Please list two references that will recommend you as a campus ambassador for Safe Homes - Rape Crisis Coalition based on your previous volunteer service record:

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

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

# **SAFE HOMES-RAPE CRISIS COALITION**

## **CONFIDENTIALITY AGREEMENT AND**

### **VOLUNTEER CONTRACT**

I acknowledge the importance of strict confidentiality and affirm that I will preserve and protect any private, confidential information given to me or heard by me in my role as a volunteer of SAFE-Homes Rape Crisis Coalition in accordance with the agency policy. I will not release any information concerning a survivor of domestic violence or sexual assault. I will refer all requests for information to the appropriate SH-RCC staff.

I agree to never reveal the exact address or the general location of the SH-RCC shelter to anyone for any reason at any time. I acknowledge disclosure of the shelter location would put many people in grave danger.

I acknowledge receipt and review of the confidentiality policy of this agency and by signing below indicate an understanding of this policy and agree to adhere to the policy even after I am no longer a volunteer. I further understand that any violation of this policy will constitute grounds for termination.

I agree to be on time for my scheduled hours and to give advanced notice to SH-RCC if I am unable to work due to illness or emergency.

I agree to complete 4 hours of in-service or continuing enrichment training to be classified as an active volunteer. This may consist of reading educational materials, watching videos related to abuse issues or participating in trainings. I will record my hours spent in my ongoing training and turn them in monthly to the volunteer coordinator.

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**Volunteer Signature**

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Date

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Volunteer Coordinator

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Date