



Campus Ambassador Application

Date _____

Last	First	Initial	(Name Called)
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Address

Street	City	State	Zip
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Phone _____

Cell	OK to text? Y/N
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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, training, languages: _____

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.

Volunteer Signature

Date

Volunteer Coordinator

Date