



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY of ALBANY
CRIME VICTIM and SEXUAL VIOLENCE CENTER
112 State Street, 10th Floor, Room 1010
Albany, New York 12207-2077
Office: (518) 447-7100 Fax: (518) 447-7102
24-Hour Sexual Assault Hotline: (518) 447-7716
cvsvc@albanycountyny.gov www.albanycounty.com/cvsvc

KAREN ZIEGLER
DIRECTOR

HOTLINE VOLUNTEER APPLICATION

The following questionnaire is designed to help us determine your qualifications for training as a hotline volunteer. Once this application is reviewed you will be contacted by a staff member for an in-person interview.

1. NAME: _____
(Last) (First) (Middle)
2. Pronouns: _____
3. ADDRESS:
Permanent _____
Temporary: _____
4. TELEPHONE (please list all contact numbers):
_____ Cell best times to call: _____
_____ Home best times to call: _____
_____ Work best times to call: _____
5. E-MAIL(S): _____
6. DATE OF BIRTH: _____
7. EMERGENCY CONTACT: _____ PHONE: _____
8. EMPLOYER: _____
9. SCHOOL CURRENTLY ATTENDING: _____
FULL or PART TIME? _____ MAJOR/COURSES: _____
10. ADDITIONAL EDUCATION: _____

11. INTERVIEWS ARE SCHEDULED MONDAY TO FRIDAY FROM 9:00AM TO 4:00PM. WHEN IS THE BEST TIME FOR YOU TO SCHEDULE AN INTERVIEW? _____
12. WHEN ARE YOU AVAILABLE TO START TRAINING? _____

13. HOW DID YOU LEARN ABOUT OUR HOTLINE VOLUNTEER PROGRAM? _____

14. WHY DO YOU WANT TO BE A HOTLINE VOLUNTEER AT THE **Crime Victim and Sexual Violence Center**?

15. ADDITIONAL SKILLS AND LIFE EXPERIENCES YOU FEEL WOULD BE AN ASSET TO THIS AGENCY:

16. WHAT DO YOU HOPE TO GAIN FROM YOUR VOLUNTEER EXPERIENCE WITH THIS AGENCY?

17. HAVE YOU EVER BEEN A VICTIM OF A CRIME? _____ IF YES, PLEASE EXPLAIN _____

18. HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ IF YES, PLEASE EXPLAIN _____

19. LIST **3** PROFESSIONAL REFERENCES:

1. _____ PHONE NUMBER: _____

EMAIL: _____

2. _____ PHONE NUMBER: _____

EMAIL: _____

3. _____ PHONE NUMBER: _____

EMAIL: _____

20. DO YOU HAVE ACCESS TO TRANSPORTATION? _____
(hotline volunteers MUST be able to respond to hospital emergency department requests for an on-site advocate)
21. DO YOU HAVE ACCESS TO A COMPUTER? _____
22. CAN YOU COMMIT TO SERVING 6 MONTHS ON THE HOTLINE? _____
(**Required:** includes a consecutive 6 months; or totaling 6 months to accommodate for school breaks)
23. HAVE YOU EVER RECEIVED SERVICES AT
ALBANY COUNTY CRIME VICTIM & SEXUAL VIOLENCE CENTER? _____

PLEASE WRITE SOMETHING ABOUT WHO YOU ARE AND WHAT YOU FEEL YOU HAVE TO OFFER THE **Crime Victim and Sexual Violence Center's** HOTLINE VOLUNTEER PROGRAM AND TO VICTIMS.

HOW CAN THE **Crime Victim and Sexual Violence Center's** HOTLINE VOLUNTEER PROGRAM MEET YOUR NEEDS AND GOALS?

WHAT CONCERNS DO YOU HAVE ABOUT BEING A VOLUNTEER COUNSELOR ON THE **Crime Victim and Sexual Violence Center's** HOTLINE?

**CONTRACT BETWEEN HOTLINE TRAINEE AND THE ALBANY COUNTY
CRIME VICTIM AND SEXUAL VIOLENCE CENTER**

I, _____ agree to the following conditions required of all volunteer counselors:

- a. A minimum commitment of six months active service after certification as a Rape Crisis Counselor.
- b. Availability to fill a minimum of five shifts per month.
- c. Prompt response to hotline calls, hospital emergency departments and police stations.
- d. No use of drugs or alcohol while on call.
- e. Appropriate appearance and professional demeanor when representing the Crime Victim and Sexual Violence Center in public.
- f. Completion and submission of all department paperwork as required.
- g. Attendance at all training sessions.
- h. Completion of 10 hours of continued education/training per year.
- i. Adherence to the Center's Confidentiality Policy: *

***PLEDGE OF CONFIDENTIALITY**

In New York State, client records kept by a rape crisis center are considered confidential. All records and communications with clients are privileged information and therefore are to be kept strictly confidential. This information cannot be disclosed to any person except to those employed by the Crime Victim and Sexual Violence Center, or to the Child Abuse Hotline if a child victim has been assaulted by a parent or guardian.

I agree to abide by the **Crime Victim and Sexual Violence Center's** Confidentiality Policy. I understand that all records and communications with clients are privileged information and therefore are to be kept strictly confidential. I also understand that this information cannot be disclosed to any person except to those employed by the **Crime Victim and Sexual Violence Center**, or to the Child Abuse Hotline if a child victim has been assaulted by a parent or guardian. I agree to abide by the policies of the Center, as stated in the **HOTLINE VOLUNTEER PROGRAM**.

I recognize that the duties of a volunteer are limited and I agree to remain within those boundaries and refer clients to therapists/counselors at the **Crime Victim and Sexual Violence Center** for follow-up services.

Additionally, I recognize that the **Crime Victim and Sexual Violence Center** reserves the right to refuse volunteer program enrollment to anyone whom they feel is not suitable for the program. Participation in training does not guarantee certification as a Sexual Assault Hotline Advocate, nor does it guarantee a volunteer assignment.

Signature _____

Date _____

Albany County does not discriminate on the basis of race, religion, color, national origin, sex, gender, age, gender identity or expression, disability, genetic information, veteran status or marital status in its programs and activities.

WAIVER AND RELEASE FORM

RELEASE OF LIABILITY

In return for being allowed to participate in Albany County volunteer activities and all related activities, including any activities incidental to such participation (“Volunteer Activities”), the undersigned **Volunteer or Parent/Legal Guardian** of Volunteer if Volunteer is under age 18 (hereafter referred to using “I”, “me”, or “my”) releases and agrees not to sue Albany County or its officers, directors, employees, sub-contractors, sponsors, agents and affiliates (“the County”) from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participation in the Volunteer Activities wherever, whenever, or however the same may occur.

I understand and agree that the County is not responsible for any injury or property damage arising out of the Volunteer Activities, even if caused by their ordinary negligence or otherwise.

I also agree to indemnify and hold harmless the County for all claims arising out of my participation in the Volunteer Activities.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

I also acknowledge that the County has not arranged and do not carry any insurance of any kind for my benefit or that of Volunteer (if Volunteer is under 18), my parents, guardians, trustees, heirs, executors, administrators, successors and assigns. I represent that, to my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation in Volunteer Activities.

I also understand that this document is a contract which grants certain rights to and eliminates the liability of the County.

(Signature of Volunteer)

Date

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

(Signature of Parent/Legal Guardian if Volunteer is Under 18)

Date

I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.



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DIRECTOR

Dear Applicant,

Albany County Crime Victim and Sexual Violence Center (CVSVC) may conduct a background check for incoming and existing interns and volunteers, pending available resources. Please review and complete the form below in regards to our background check policy.

If you have any questions or concerns, please contact the Volunteer Coordinator (Hotline Advocates and Office Volunteers) or Supervising Caseworker (Court Advocates.)

Applicant Name (Including Middle): _____

Applicant Address: _____

Applicant Date of Birth: _____

I, _____, acknowledge that CVSVC may conduct a background check and agree to allow CVSVC and/or its agents to make investigation of my background including personal/professional references, character, past employment and volunteer experience, education and criminal history record information. I agree to allow CVSVC to discuss these aspects of my background with any agents who may have information regarding my character and/or qualifications for the intern/volunteer position to which I am applying.

I understand that CVSVC staff reserves the right to refuse or dismiss any volunteer at any point by exercising their best judgment in assessing a volunteer/intern's appropriateness for their role at the agency. This judgment may be informed by the information provided in a background check.

I hereby consent to CVSVC's verification of all the information I have provided on this form, my resume and the volunteer application. I understand that any false answers or statements, or misrepresentations by omission, made by me on this application or any related document, will be sufficient for rejection of my application or my immediate discharge should such falsifications or misrepresentations be discovered after I am accepted as a volunteer or intern.

Applicant Signature

Date