



**Joint Base San Antonio
Sexual Assault Prevention and Response (SAPR)
Victim Advocate (VA) / Community Advocate (CA) Application**

Name: _____

Home address: _____

City / state / zip: _____

Assigned JBSA Location:

Organization / Unit: _____

Work Phone: _____ Cell Phone: _____

I wish to volunteer as a:

1. Describe why you are interested in volunteering for the Sexual Assault Prevention and Response (SAPR) program?

2. What skills, education, or life experience do you have that you believe would help you serve effectively as a SAPR volunteer?

3. In what ways do you think you would benefit personally from your training and service as SAPR volunteer?

4. Based on your current understanding of the responsibilities of volunteering for SAPR, what do you think would be difficult or challenging aspect of this role for you?

5. Are you willing to commit to the mandatory training and on and off-duty time that may be required to assist a victim?

6. What other volunteer activities are you engaged with?

7. Do you have any current significant stressors in your work or personal life?

8. How do you manage the resultant stress?

9. Have you, or has anyone close to you, experienced a significant personal trauma?

Yes _____ No _____

If yes, the SARC will speak with you in private about this so that he or she can better understand its significance in your life and service to others.

NOTE: Many victim advocates or caregivers have been made stronger in their service to others by the care they themselves have received, including care from mental health professionals. This program affirms the work of mental health professionals who have helped many individuals experience growth and healing. The reason this question is asked is so the SARC who will supervise and assign victim advocates can most effectively match victim advocates with victims.

10. Have you ever been charged with a crime? YES* _____ NO _____

*If yes, please explain the nature of the charges and subsequent disposition.

11. Please provide two references who are not family members.

Name: _____

Phone: _____

Relationship: _____

Name: _____

Phone: _____

Relationship: _____

The information I have provided in this application is true and completed to the best of my knowledge. I agree to serve as a volunteer victim advocate and to function within the boundaries of AF policy and assigned responsibilities. I give permission for the SARC to call my references, secure a criminal background check on me, and if deemed necessary, to consult with any treating physician or health care professionals regarding my ability to perform these responsibilities.

Signature: _____ Date: _____

FOR SAPR USE ONLY

Date interviewed: _____

Date references checked: #1 _____ #2 _____

Cleared for training:

Date volunteer notified: _____

SARCs: Submit completed application to Advocate Programs Director