

SARC Alder Program Volunteer Application



4900 SW Griffith Drive Suite 100
Beaverton, OR 97005

Email: volunteer@sarcoregon.org
Phone: (503) 626-9100

Name: _____ Date: _____
(Please print FULL name)

Date of Birth: _____ Gender: _____ Race/Ethnicity: _____
(Month / Day / Year)

Mailing Address: _____

Email: _____

Cell Phone: _____ Work Phone: _____

Occupation/School: _____

Languages Spoken: _____

Emergency Contact: _____
(Name and contact number)

Which position(s) are you interested in?

Support Group Facilitator

Volunteer Therapist
(must be licensed)

Counseling Intern

Wellness Clinic Professional*

**What services would you like to provide?*

Are you currently employed or volunteering with any attorney or victim service programs for a city, county, state, or federal agency? If so, please indicate the agency or agencies:

How did you hear about SARC/this volunteer opportunity?

Have you ever, or are you currently receiving services from SARC? If so, please indicate the types of services and the approximate dates they were received (check all that apply):

- Support Line
- Case Management
- Individual Counseling
- Group Counseling

Dates Services Received:

Please indicate your preferred volunteer times by checking the boxes below							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Why do you want to volunteer with SARC? What do you hope to gain through this experience?

What strengths and/or previous experiences do you have that would be beneficial to doing this work?

What do you anticipate will be the most challenging part of volunteering with SARC?

SARC supports clients in whatever options they choose. Part of this includes supporting women considering all of their options when it comes to pregnancy. How comfortable would you feel exploring all options equally, including abortion and adoption, free of your personal, political, or religious bias?

Please list two professional or academic references that we may contact prior to your volunteering. Please refrain from listing friends and family members:		
Reference	Relationship	Contact Information:

SARC runs criminal background checks on all of its volunteers. Certain convictions relating to interpersonal harm make individuals ineligible to volunteer. These convictions include:

- Sexual offenses such as child molestation, rape, sexual assault, sexual battery, sodomy, indecent exposure, promoting or purchasing prostitution
- Murder, manslaughter, aggravated assault, simple assault, kidnapping, robbery, aggravated burglary, battery, or domestic violence
- Any felonies, misdemeanors or court orders involving children

Other convictions directly related to the volunteer functions and duties, such as driving under the influence of alcohol and/or other substances will be evaluated on a case-by-case basis at the discretion of SARC's Executive Director and Volunteer Program Manager.

Do you have any convictions that may deem you ineligible to volunteer with SARC?

Yes No

If yes, please briefly explain the charges and circumstances:

I affirm that the information provided on this application is correct and that I will notify SARC in the event that any of the above changes (contact information, volunteer agencies, etc.)

Signature _____ Date _____