

Thanks to the Fredericton Sexual Assault Centre for sharing their volunteer materials.



## APPLICATION TO VOLUNTEER WITH THE SOUTH EAST SEXUAL ASSAULT CENTRE

Thank you for your interest in volunteering with the South East Sexual Assault Centre. Our volunteers become part of a dedicated group of cis and transgender women who provide an invaluable service to our community and to survivors of sexual violence in the South East region of New Brunswick. Involvement with the Centre gives volunteers the opportunity to gain experience, knowledge and skills in many areas, including crisis counselling, advocacy, non-profit organizations and a variety of issues related to violence.

Please find additional information on the South East Sexual Assault Centre and our volunteer program. Included is a volunteer application form and reference form that you must complete and return to our office. There are several steps to the application process:

- Application form with references
- Initial in-person interview
- Training
- Final in-person interview

To ensure quality services for those who call our crisis line, the Centre is committed to providing volunteers with extensive training. Please request a copy of the upcoming training schedule. Please be aware that to become a volunteer with the Centre you must attend all sessions – no exceptions.

Please do not hesitate to call the office at 506-857-8028 or write us an e-mail ([sesac.casse@crossroadsforwomen.ca](mailto:sesac.casse@crossroadsforwomen.ca)) with any questions or concerns that you may have with the application process. Should you have any concerns over the reference form or getting your references to us, please contact the centre as soon as possible.

We look forward to hearing from you.

Sincerely,

Alicia Fortin  
Volunteer coordinator

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## MEMBERSHIP WITH THE SOUTH EAST SEXUAL ASSAULT CENTRE

### Common questions and answers

#### **Our mandate**

We are a feminist based, pro-choice organization that engages in action, prevention and education to promote the equality of all women in order to bring about an end to sexual violence.

#### **What is the South East Sexual Assault Centre (SESAC)?**

The South East Sexual Assault Centre is a feminist organisation whose primary goal is reflected in a commitment to work towards the eradication of sexual assault. We strive to meet this objective through three broad activities - i) public education; ii) the provision of direct services to those affected by sexual assault ; iii) advocacy. Our volunteers are seen as members of the collective who take an active part in all of the work of the centre.

#### **What is the philosophy of the South East Sexual Assault Centre?**

The fear of sexual assault is a reality for all women in our culture. As feminists we are working to eliminate sexual assault/abuse, and to change the current socio-political culture that fosters sexism, social injustice and other forms of oppression.

#### **How do I become a member/volunteer at SESAC?**

In order to become a member of SESAC, applicants must take part in our screening process. This includes submitting an application along with two references (forms included), a recent criminal record check and taking part in an initial interview process. If the individual is invited to take part in the training, the applicant must successfully complete all sessions of the training – absolutely no exceptions – including role plays. During this training period, training participants will be assessed for learning and compatibility with the values and work environment of SESAC. Along with feedback from training facilitators a final interview is conducted to determine if the participant is the right fit for SESAC and has learned the essential knowledge and skills required to be a volunteer. Once a participant has signed the membership agreement at the orientation session, they are then considered a member of SESAC.

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## What are the responsibilities and commitments expected of volunteers at the South East Sexual Assault Centre?

Once training is completed members at the South East Sexual Assault Centre are expected to:

- Understand, endorse and advocate the philosophy of the South East Sexual Assault Centre ;
- Take between 4-6 shifts per month (members are expected to equally share the number of shifts); members are not required to be in the centre to take their shifts. Members are responsible for finding their own replacements for shifts or other commitments when necessary.
- While on call, accompany callers to the hospital when requested.
- Fill in the necessary forms regarding the calls you receive during your shifts. These are important for the purposes of compiling statistics, and for our own records.
- Be responsible for follow-up on your calls.
- Maintain confidentiality of calls and meetings. Calls in particular are not to be discussed with anyone who is not an active member of the Sexual Assault Centre.
- Attend the monthly South East Sexual Assault Centre business meeting.
- Be actively involved in different aspects of Centre work (i.e. public speaking, advocacy, fundraising, calls, etc).
- Ask for help and/or support from another member when you are involved in a call or activity that you are unable to handle effectively alone. Remember, we are working together for a common goal.

## What should you expect from the South East Sexual Assault Centre?

Members are a valuable resource to the South East Sexual Assault Centre. The Centre will provide members with:

- Training and orientation to perform required duties;
- Feedback and support from senior members;
- Opportunities to use existing skills and develop new ones;
- An equal voice in all aspects of the centre's operations and activities;
- Recognition for efforts and accomplishments.

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## APPLICATION FORM

Contact Information (Please check all those that we may use to contact you)

|                 |       |            |       |
|-----------------|-------|------------|-------|
| First name:     | _____ | Last name: | _____ |
| Phone number: ☐ | _____ | Cell: ☐    | _____ |
| Other: ☐        | _____ | Email: ☐   | _____ |
| Address:        | _____ |            |       |
| Address other:  | _____ |            |       |
| Date of birth:  | _____ |            |       |

PLEASE NOTE THAT YOU MUST BE 19 YEARS OR OLDER IN ORDER TO VOLUNTEER WITH THE CENTRE

Are you 19 and over? ☐ Yes ☐ No

1. MEMBERS MUST BE WILLING TO COMMIT FOR A MINIMUM OF ONE YEAR FROM THE TIME THE TRAINING HAS BEEN COMPLETED. YOU WILL BE REQUIRED TO ATTEND ALL TRAINING SESSIONS AND ALL ONGOING TRAINING SESSIONS.

Could you commit to monthly member meetings? ☐ YES ☐ NO  
Are your family members and friends supportive of your interest? ☐ YES ☐ NO  
Are you willing to commit for a minimum of one year? ☐ YES ☐ NO

2. ALL MEMBERS ARE EXPECTED TO DO SANE CALL COUNSELLING. PLEASE CHECK ANY OTHER AREAS YOU ARE INTERESTED IN (YOU MAY CHECK MORE THAN ONE)

☐ Administrative ☐ Support Public Education ☐ Fundraising

3. WOULD YOU BE ABLE TO FULFILL THE FOLLOWING CONDITIONS TO DO MEMBER CRISIS LINE WORK?

Would you be prepared to go on accompaniments with a survivor to the hospital, even during the hours of the night, if you were on shift? ☐ YES ☐ NO

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Do you have access to transportation (to get to the hospital, you will never have to transport a survivor)?  YES  NO

4. AS AN ON-CALL SUPPORT WORKER, WHAT HOURS WOULD BEST SUIT YOUR SCHEDULE?

Days  Evenings  Overnight  Weekends

5. DO YOU SPEAK OR SIGN OTHER LANGUAGES? (PLEASE SPECIFY)

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6. HAVE YOU BEEN A MEMBER OR VOLUNTEER WITH ANY OTHER AGENCY? IF SO, PLEASE SPECIFY:

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7. WHY DO YOU WANT TO MEMBER AT THE South East SEXUAL ASSAULT CENTRE?

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8. HOW DID YOU HEAR ABOUT OUR ORGANIZATION?

Public Education Program  Media Coverage  
 Pamphlets and Program Brochures  Word of Mouth  
 A Current/Former Member of the Centre  Social Medias  
 Other (please specify) \_\_\_\_\_

9. PLEASE PROVIDE US WITH TWO REFERENCES.

Please provide at least one professional reference from someone you have worked or volunteered for before. References may be brought to the initial interview. If it's easier, we have provided a reference form template.

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Reference #1

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact (phone number or email):

\_\_\_\_\_

Reference #2

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact (phone number or email):

\_\_\_\_\_

I will bring my references at my initial interview

10. PLEASE PROVIDE US WITH A CRIMINAL RECORD CHECK INCLUDING A VULNERABLE SECTOR CHECK – THIS IS NOT A SEPARATE DOCUMENT, IT IS A WAIVER YOU SIGN WHEN APPLYING FOR YOUR CRIMINAL RECORD CHECK GIVING PERMISSION TO SCREEN YOU. PLEASE LET US KNOW IF YOU NEED A LETTER OF REQUEST FROM SESAC.

I have included a criminal record check including a vulnerable sector check.

I need a letter of request from SESAC.

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## REFERENCE FORM FOR MEMBERSHIP TO THE SOUTH EAST SEXUAL ASSAULT CENTRE

Name of applicant: \_\_\_\_\_

How long have you known this applicant and in what capacity?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE RATE THE FOLLOWING:

|  | Exceptional | Average | Unable to Judge | Needs Improvement | Not recommended |
|--|-------------|---------|-----------------|-------------------|-----------------|
| Is motivated                             | ?           | ?       | ?               | ?                 | ?               |
| Ability to deal with stress              | ?           | ?       | ?               | ?                 | ?               |
| Uses sound judgment                      | ?           | ?       | ?               | ?                 | ?               |
| Is dedicated to helping others           | ?           | ?       | ?               | ?                 | ?               |
| Is courteous                             | ?           | ?       | ?               | ?                 | ?               |
| Is responsive to feedback                | ?           | ?       | ?               | ?                 | ?               |
| Is willing to ask for help when needed   | ?           | ?       | ?               | ?                 | ?               |
| Is compassionate                         | ?           | ?       | ?               | ?                 | ?               |
| Listens well                             | ?           | ?       | ?               | ?                 | ?               |
| Ability to create boundaries when needed | ?           | ?       | ?               | ?                 | ?               |
| Is warm towards people                   | ?           | ?       | ?               | ?                 | ?               |
| Is empathetic                            | ?           | ?       | ?               | ?                 | ?               |
| Is calm                                  | ?           | ?       | ?               | ?                 | ?               |

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|             |                          |                          |                          |                          |                          |
|-------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Is patient  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is honest   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is reliable | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The volunteer training is a 40 hour course covering topics such as sexual violence, childhood sexual abuse and adult survivors, sexual assault and harassment, and suicide. Once completed our volunteers take calls to support the SANE (Sexual Assault Nurse Examiners). Do you feel the applicant is suitable for this kind of work?

Yes  No

Why/why not? \_\_\_\_\_  
\_\_\_\_\_

1. Due to the nature of our work we have a strict policy of confidentiality. Do you see any issues with the applicant maintaining confidentiality?

Yes  No

Why/why not? \_\_\_\_\_  
\_\_\_\_\_

2. Please comment on the applicant's reliability.

\_\_\_\_\_  
\_\_\_\_\_

3. Do you think there is anything that would interfere with the applicant's ability to do this kind of volunteer work?

\_\_\_\_\_  
\_\_\_\_\_

4. Is there anything you would like to add?

\_\_\_\_\_



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By signing below I confirm I have answered the above questions as truthfully as possible and to the best of my ability.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

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