



6. What other volunteer activities are you engaged with?

7. Do you have any current significant stressors in you work or personal life? How do you manage resultant stress?

8. Have you or anyone close to you experienced a significant personal trauma?
Yes _____ No _____

(Note: If yes, the CAN manager will speak with you in private about this so that he/she can better understand its significance in your life and service to others. A great many victim advocates or caregivers have been made stronger in the 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 t experience growth and healing. A response to the question is requested in order that the CAN manager who will supervise and assign victim advocates can most effectively match victim advocates with victims)

9. Have you ever been charged with a crime? Yes_____ No _____ (Note: If yes, please explain the nature of the charges and subsequent disposition.)

10. Please provide two (2) references who are not family members:

a. Name: _____

Address: _____

Relationship: _____

Phone Number: _____



b. Name: _____

Address: _____

Relationship: _____

Phone Number: _____

11. The information I have provided in this application is true and complete to the best of my knowledge. I agree to serve as a volunteer victim advocate to function within the boundaries of The Gay and Lesbian Community Center of Southern Nevada policies and assigned responsibilities. I give permission for the CAN manager to call my references, secure a police background and Child Abuse and Neglect check on me and if deemed necessary, to consult with any treating physician or health care professional regarding my ability to perform these responsibilities.

Signature of Applicant: _____

Date: _____

Approved: _____ Not-Approved: _____

Signature of Interviewer: _____

Date: _____



Read and initial to the left of each item.

**Sign at the bottom of the document where it says
“Signature of Victim Advocate”**

**The CAN manager will confirm your understanding and
sign under your name when you come in for CAN interview.**

VICTIM ADVOCATE STATEMENT OF UNDERSTANDING

_____ (Initials) I volunteer to serve as a Victim Advocate for the Center Advocacy Network.

Roles and Responsibilities

I Understand:

_____ (Initials) My duties will be to provide essential support, liaison services and care to a victim. My responsibilities will include providing crisis intervention, referral and on-going non-clinical support, including information on available options and resources to assist the victim in making informed decisions about the case.

_____ (Initials) Victims Advocacy services will continue until the victim states support is no longer needed or the CAN manager makes the determination based on the victim’s response to offers of assistance. I understand that my duties do not include providing counseling or therapeutic services to victims.

_____ (Initials) My status as a Victims Advocacy volunteer may be terminated at any time at the discretion of The Gay and Lesbian Community Center of Southern Nevada’s volunteer coordinator or the Center Advocacy Network Manager.

_____ (Initials) I must complete the mandatory initial 50 hr training course before I perform duties as a Victim Advocate and that continuing education and training (annual 8 hr. refresher) will be required.

_____ (Initials) This position may involve or require a significant amount of my time for training and performance of victim advocate duties (when assigned to a victim).

_____ (Initials) I will be periodically on call to perform Victim Advocate duties and this time will be in addition to my regular duties. While I am on call, I must be available to



respond within a reasonable period of the notification to report.

_____ (Initials) While I am performing my duties as a victim advocate, I report directly to the Center Advocacy Network manager and I must let my supervisor know when I am absent due to Victim Advocacy duties.

_____ (Initials) I have no victim advocate responsibilities or authority regarding a victim unless the CAN manager specifically assigns me to a victim.

Covered Communications under Restricted/Limited Reporting

I Understand:

_____ (Initials) While performing my duties as a VA, I will be told and have access to covered communications (confidential personal information under restricted/limited reporting).

_____ (Initials) Covered communications include any oral, written or electronic communication of personally identifiable information made by the victim to the CAN, assigned VA and healthcare provider related to the sexual assault or alleged assailant.

_____ (Initials) Personal identifying information includes information from and about a victim or alleged assailant in a sexual assault that would disclose or have a tendency to disclose a victim's or alleged assailant's identity. This personal identifying information might include the person's name, particularly identifying description (e.g. physical characteristics or identity by position or organization) or other information about the person or the facts and circumstances involved that could reasonably be understood to identify the person (e.g. a LGBTQ employee in a particular company when there is only one known LGBTQ employee). In contrast, non-identifying personal information includes those facts and circumstances surrounding the incident or individuals that generally describe the incident and individuals without tending to disclose an individual's identity.

_____ (Initials) I may not reveal personal identifying information or other information without the express written consent of the victim or a determination that one of the exceptions required by my mandated reporter status applies. Unless circumstances clearly warrant otherwise, I will disclose this information only after receiving permission for the CAN manager.

Acknowledgements:

_____ (Initials) I acknowledge that unauthorized disclosures of a covered communication, improper release of medical information and other violations of this policy may result in termination as an Volunteer.



(Signature of Victim Advocate)

(Date)

Witnessed by:

(Signature of CAN Manager)

(Date)



VICTIM ADVOCATE’S SUPERVISOR STATEMENT OF UNDERSTANDING

NAME OF VICTIM ADVOCATE:

ASSIGNMENT:

1. I know the above named person has volunteered to serve as a victim advocate (VA).
2. The CAN Manager has briefed me on the roles and responsibilities of a VA.
3. I understand the VA position may involve or require a significant amount of time for training and performance of VA duties when assigned to a victim. These duties may include accompanying a victim to various referral appointments, interviews and judicial proceedings. This time may extend past my assigned volunteer hours or may occur after normal business hours.
4. I understand a VA will be periodically on call to perform VA duties. While on call, the VA must be available to respond within a reasonable period of the notification of the report.
5. I understand that while a VA is performing duties as a victim advocate, the VA reports directly to the CAN Manager.
6. If I should encounter any problems or concerns, I will contact the CAN Manager.
7. I understand the responsibilities of the VA and am willing to support him/her.

(Signature of Supervisor)

(Date)

(Signature of Victim Advocate)

(Date)

