

The Friendship Center of Helena

Crisis Line Volunteer Advocate Position Description and Application

Description

According to the National Organization for Women, 232,960 American women were raped or sexually assaulted in 2006, equating to more than 600 women daily. American women experience about 4.8 million intimate partner-related physical assaults and rapes each year (NOW, 2012). Rape, Abuse & Incest National Network (RAINN), that nation's largest anti-sexual violence organization, states that one out of every six American women has been that victim of an attempted or completed rape in her lifetime, and a woman in the U.S. is sexually assaulted every two minutes (RAINN, 2009).

After being raped or assaulted, navigating through the medical, legal, and emotional aftermath can feel overwhelming. The Friendship Center of Helena (TFC) – with its victim-center advocacy – is committed to providing a safe place for survivors to find support and think through the first difficult steps in the healing process. TFC's program services include: a 24-hour crisis line, emergency shelter and transitional housing for women and children, walk-in peer counseling, support groups, an in-house licensed therapist, referrals to community resources, as well as legal, personal, and medical advocacy.

Crisis Line Volunteer Advocates provide supportive listening, information, referrals and advocacy to victims of domestic violence and/or rape. Advocates understand and adhere to the empowerment model. By providing information, referrals, and a safe environment, TFC strives to assist women, men, and children to live free of violence and make their own choices and decisions.

Volunteer Advocate duties include:

- Answer crisis calls to domestic violence/sexual assault hotline
- Provide information and referrals to individuals calling the crisis line
- Arrange for emergency shelter, food and transportation as needed
- Assist law enforcement in finding emergency safe placement for victims
- Be present with a client when they receive a rape exam
- Complete and submit an intake form for each call received on the crisis line
- Attend continuing education meetings for advocates – as provided
- Pick up and drop of cell phone and on-call book in a timely manner

Qualifications:

- An interest in working with individuals who have experienced abuse in their lives
- Sensitivity to the needs of women, men and children who have experienced abuse in their lives
- An ability to work with a diverse population
- Dependable and responsible
- An ability to problem-solve and work independently
- Commitment to respecting TFC's confidentiality practices
- Ability to provide advocacy services in accordance with TFC mission, philosophy and vision
- Have access to a vehicle

Conditions of the Job:

- Answer crisis calls on cell phone provided by TFC
- Take calls from your own residence or within the Helena area
- Overnight, weekends and holidays

Benefits:

- 15 initial hours of training on domestic violence, rape, and crisis services
- On-going education and support
- Opportunities for professional training and conferences
- Satisfaction of knowing you're making a difference in the lives of those in need

Criteria for Advocate Training:

- Read *Why Does He Do That* and *Recovering From Rape* (provided by TFC) (*Optional*)
- Have been living violence-free for at least 2 years and done work around your abuse
- Have not been receiving director services from TFC for at least 2 years
- Ability to attend all training sessions (15 hrs total); Exceptions to be determined on a case-by-case basis
- Minimum 1 year commitment to the program
- Commitment to cover 1 one-call shift per month. A shift is: 1 weekend (Fri 4pm-Mon 8am) **OR** 4 consecutive weekday nights (5pm-8am)
- Willing to sign "Confidentiality Agreement"
- Cell phone coverage available in your area of residence
- Willing to submit to a criminal background check

Application

Name and Contact Information

Please write or print clearly.

Name:	
Street Address:	City:
Zip:	Phone 1:
Email:	Phone 2:

Education

Please describe your education. Include highest education received and any relevant courses/classes.

Volunteer / Work Experience

Please list related work and/or volunteer experience. Include name, description of work, and dates of work/service. Attach an extra sheet (or resume with all relevant information) if necessary.

Type of work:	Dates of work:
Description of work:	
Type of work:	Dates of work:
Description of work:	
Type of work:	Dates of work:
Description of work:	

Volunteer Agreement

I, the undersigned, am committed to provide crisis counseling and response services to survivors of domestic and sexual violence. I understand the importance of being a dependable and consistent source of support and assistance during my volunteer shifts. The safety of and interactions with survivors and shelter residents are my priorities. I also agree not to bring any alcohol or illegal drugs on any response call or to the shelter.

Signature

Date

Confidentiality Agreement

The Friendship Center is a private, not-for-profit organization, which rents and/or owns, and maintains the building(s) in which the business matters of the organization are handled and in which victims of domestic/intimate partner violence, sexual assault, and/or stalking are provided services and/or sheltered.

The Board and all staff, volunteers, independent contractors, funders, agents, and all others involved in Friendship Center matters are charged with maintaining the confidentiality of Service Participants as outlined in The Friendship Center policies, and in federal and state law.

It is the policy of The Friendship Center to hold confidential all communications, observations, and information made by, between or about Service Participants, including the identity of Service Participants. It is also the policy of The Friendship Center to keep confidential personal information about Advocacy Service Providers, including but not limited to, residential addresses and phone numbers. The obligation to maintain confidentiality does not end when the service to a Service Participant is concluded. Confidentiality extends to all current and former Service Participants.

I understand the need to protect the privacy and confidentiality of Friendship Center and its service recipients, in accordance with Friendship Center policy. I agree to keep confidential all client information that I observe and am privy to at The Friendship Center. All information regarding individuals is to be kept within the confines of The Friendship Center, its programs and/or facilities. Client information is to be discussed only with Friendship Center social service staff.

I agree to maintain and hold confidential all communications, observations and information made by, between and about Friendship Center Service Participants, and understand that violation of client confidentiality could be grounds for disciplinary action and/or prosecution, according to the procedures set by The Friendship Center and any applicable laws.

Signature

Date

Criminal Background Check Policy

It is the policy of The Friendship Center to conduct a criminal background check on all prospective employees and volunteers, ages 18 and older. The background check includes a SSN search to verify identity and address history, a national crime database search, a sex offender search, and a state-level criminal court search.

Applicants or current paid/unpaid employees are not eligible for employment if they have been convicted of the following:

- Any conviction involving the sale, manufacture, or distribution of a controlled substance
- Any conviction involving bodily harm to another individual or the use of a weapon in the commission of a crime
- Any conviction of illegal sexual activity or indecency
- Any conviction of abuse or neglect of a child

NOTE: Any convictions are to be reviewed and discussed by TFC staff and may result in a decision to hire or not hire the individual involved. If you are aware of any convictions that will be on your report, please feel free to offer a disclosure or explain your record below.

I authorize The Friendship Center staff to conduct a criminal background check of my record.

Signed _____

This day _____

Information needed to complete background check:

Full Name: _____

List other names (alias, maiden, prior name, etc.): _____

Date of Birth: _____

Sex: _____

Social Security Number: _____

Optional: Use this space to explain any portion of your record. If no explanation is necessary, or you prefer not to, simply leave blank:

