



Volunteer Application

Growing Strong Sexual Assault Center

270 W. Prairie • Decatur, Illinois 62523 • Phone: 217-428-0770

Name/Pronouns: _____

Legal name (If different from above): _____

Address: _____ City: _____

State: _____ Zip Code: _____

Are you 18 years of age or older? Yes _____ No _____

Email Address: _____

Phone: (Home) _____ (Work) _____ ext. _____

When is the best time to reach you? _____

May we call you at work? _____ Yes _____ No

May we call you at home? _____ Yes _____ No

When and what times of the month are you usually free to volunteer?

Do you have regular access to a vehicle? _____ Yes _____ No

Are you considering volunteering at Growing Strong for course credit or to fulfill a class requirement? _____ Yes _____ No

If yes, provide institution name, course, and instructor contact details:

Have you ever volunteered or worked with, a rape crisis organization? Yes No

Please mark which areas of service you think you might be interested in:

Answering the crisis line/ providing medical advocacy for victims

Facilitating a support group

Office and clerical work

Prevention education

Public Outreach, Social Media Engagement, or Events

Fund raising

Other _____

How did you hear about Growing Strong? _____

How did you hear about the training session/volunteer position?

What, if any, concerns might you have about doing volunteer work for Growing Strong?

Prior Volunteer Experience: _____

I _____ hereby authorize Growing Strong Sexual Assault
(Applicant legal Name)

Center and the Volunteer Committee of Growing Strong to investigate my past criminal history and driving record. The information provided below is truthful to the best of my knowledge

(Applicant Signature) (Date)

(Birth/Maiden Name)

Print (Last Name) (First) (Mi)

(Address) (city) (state) (zip code)

(Race) (Gender)

(Date of Birth)

(SS#)

(Drivers License #) (State)

Any secondary dissemination of this information is prohibited and unlawful.

(Authorized Signature Volunteer Committee)