

Summer 2006

Dear Potential Volunteer:

Thank you for your interest in volunteering for the DC Rape Crisis Center (DCRCC). Our volunteers are a great asset to the community as well as the operation of our programs. We could not provide services to survivors of sexual assault if it weren't for the dedication and commitment of our volunteers. Volunteers help with the 24-hour hotline, hospital advocacy, Take Back the Night and the Gala.

The next volunteer training for hotline counselors and hospital advocates begins May 2006. We will meet Tuesdays and Thursdays, 6:00-9:00 PM for eight weeks. In addition to the Tuesday and Thursday sessions, there are **2 mandatory, all-day, Saturday trainings (TBA)**. If you are unable to make the Summer training, we have additional training sessions in the Fall and Winter 2006.

After completion of the training, we ask that the volunteers commit to **one year of service**, covering two hotline and two hospital advocacy shifts (one "on-call" and one "on-site") per month. Volunteer supervision is provided monthly, and it is **mandatory** that each volunteer attend each one.

Please complete the enclosed application. You may return by mail or fax (202-387-3812). Our mailing address is P.O. Box 34125, Washington, DC 20043. If you can scan or input it into your computer our e-mail address is volunteer@dcrc.org. Upon receipt of your application, you will be contacted prior to the training to schedule an interview.

We look forward to meeting with you. Please feel free to contact me at 202-232-0789 ext.203. Thank you again for your interest in the DCRCC.

Sincerely,

Kim Lopez
Crisis Services Coordinator
DC Rape Crisis Center
klopez@dcrc.org
202-232-0789 ext: 203

Alicia Gill
Assistant Volunteer Coordinator
DC Rape Crisis Center
volunteer@dcrc.org
202-232-0789 ext: 202

D.C. Rape Crisis Center Volunteer Application

Received: _____

Interview: _____

Accept: Y or N

Initials: _____

For Office Use Only

Date _____

Name _____

Street
Address _____

City, State & Zip _____

E-Mail Address _____

Phone (day) _____ (evening) _____

Occupation _____

Month & Day of Birth (Optional) _____

Please tell us where you found out that we need volunteers:

What are your interests? (Check as many as you like)

___ *Hotline/Companion Counselor (training req.)* ___ *Office Support*

___ *Peer Counselor (training req.)* ___ *Desktop publishing/layout design*

___ *Fundraising Efforts*

___ *Educational Events (Take Back the Night/Sexual Assault Awareness Month)*

Why would you like to volunteer for the D.C. Rape Crisis Center?

Do you have any special skills (e.g, languages, graphics, legal) or contacts (e.g., local businesses, funding organizations) that you feel would be beneficial to the DC Rape Crisis Center?

What are your expectations of the DC Rape Crisis Center, as a volunteer?

Please tell us any additional information about yourself that you think we should have.

Please return to DC Rape Crisis Center care of:
Volunteer Department, P.O. Box 34125, Washington, DC 20043
Email: volunteer@dcrc.org or Fax: 202.387.3812