



## Volunteer Advocate Training Fall 2023

Dear Interested SafeLine Volunteer Advocate,

Thank you for your interest in becoming a HOPE Center volunteer advocate. As a participant in this program, you will receive training about domestic and sexual violence from qualified community professionals that have worked within the anti-violence movement in a variety of capacities.

Please note that the training consists of a minimum of 40 hours of crisis counseling training as required by Minnesota statute § 595.02 (k). This is to ensure your privileged communication and confidentiality with clients. It is for your protection as well as HOPE Centers. HOPE Center offers this training to you at no cost.

However, before you complete the following application, HOPE Center would like you to understand the two commitments required to participate in the volunteer advocate program.

1. **HOPE center has an extremely strict policy that attendance on all training dates is mandatory.** Any training dates that are missed will require prior written approval by the hope center volunteer coordinator. If you are unable to attend a particular training date due to sickness you must notify the volunteer coordinator prior to that training. If more than one session is missed, you may choose to apply again for the next training period. HOPE Center offers training biannually in the spring and the fall.
2. **HOPE Center requires trainees to commit to providing 150 hours (average of 14 shifts) on the HOPE Center SafeLine within one year after completion of the classroom training.** This practicum phase allows trainees to hone the skills taught in the training and helps HOPE Center to provide a vital service. Trainees will receive full training certification following completion of this requirement. Extensions to this requirement will be granted on a case-by-case basis, but trainees must seek prior authorization for an extension.

By completing the application, you agree that you fully understand the requirements and are committed to taking the training.

**Application deadline for the Fall Session: September 20<sup>th</sup> by 9am**

**You will be notified by email of acceptance no later than September 22<sup>nd</sup> by 4pm**

**In-person on St. Olaf campus session dates:**

**September 28<sup>th</sup>, 5:30pm-7:30pm**

**October 5<sup>th</sup> 5:30pm-7:30pm**

**October 12<sup>th</sup> 5:30pm-7:30pm**

**October 19<sup>th</sup> 5:30pm-7:30pm**

Thank you for your interest! We look forward to meeting you.

Sincerely,

Susan Powell

Volunteer Coordinator,

Community Services Coordinator of HOPE Center

“Participating in Advocate training was an emotional and educational experience I will never forget. It literally changed my life in so many ways!” - Anonymous



1003 7<sup>th</sup> Street NW  
Faribault, MN 55021  
**507-332-0882**  
Fax:507-332-6999  
**Safeline: 1-800-607-2330**

### Application for Volunteer Advocate Training

Name: \_\_\_\_\_ Email: \_\_\_\_\_

May I share your email address with your campus program coordinator?  Yes  No

Local Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Can we call you at work? \_\_\_\_\_ Birth Date: \_\_\_\_\_

Summer Address: \_\_\_\_\_

Summer Phone: \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_

Are you a college student? \_\_\_\_\_ What college? \_\_\_\_\_

Anticipated Graduation Date? \_\_\_\_\_

Major: \_\_\_\_\_

Are you fluent in any language(s) other than English? \_\_\_\_\_ Which one(s)? \_\_\_\_\_

Do you know sign language? \_\_\_\_\_ Are you, or are you planning to be, certified? \_\_\_\_\_

How did you hear about HOPE Center? \_\_\_\_\_

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Why are you interested in our volunteer training? \_\_\_\_\_

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Do you have any experience, skills, and interests you think might be beneficial for HOPE Center?? \_\_\_\_\_

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What do you hope to gain from this experience? \_\_\_\_\_

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Here is a list of other potential advocate opportunities that are available:

1. SafeLine
2. Clerical work at our center (answer phone, copying, research, make newsletter):
3. Childcare: for support groups and/or for court hearing
4. Publicity (deliver posters, brochures, blogging, website updates, social media marketing, etc):
5. Fundraising and other public events

Please indicate the advocate opportunities that you are interested in. \_\_\_\_\_

List any civic groups/organizations to which you belong: \_\_\_\_\_

Do you have any personal experience with domestic violence, physical or sexual abuse? \_\_\_\_\_

Describe a time when you have had to deal with a very angry, demanding, and/or abusive person. What did you do? What was the result? \_\_\_\_\_

Are there any social, religious, or political issues about which you have very strong feelings (pro choice/pro life, gay/lesbian lifestyles, minorities, suicide, drug abuse, therapy, teenage sex, etc.)?

How do you take care of yourself? (Hobbies, interests): \_\_\_\_\_

List any additional information or questions you may have: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has a license board, professional association, or education/training institute ever taken any disciplinary action of any sort against you? \_\_\_\_\_

Have you ever had a civil suit or criminal action brought against you? \_\_\_\_\_

Have you ever been asked to resign or been terminated by an employer? \_\_\_\_\_

Have you ever been asked to leave any volunteer position? \_\_\_\_\_

If you answered yes to any of these questions, please explain: \_\_\_\_\_

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

Please list two people, other than family members, we could call as references for you:

<b>Name</b>	<b>Address</b>	<b>Home Phone</b>	<b>Work Phone</b>
_____	_____	_____	_____
_____	_____	_____	_____

All the information given here is true. I realize that the identity and circumstances of any victim/survivor I encounter through my association with **HOPE Center** must be kept completely confidential.

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

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

HOPE Center agrees to:

1. Provide all the necessary initial orientation, training and supervision.
2. Provide opportunities for continuing education through volunteer meetings, relevant workshops, and conferences.
3. Provide support and opportunities for debriefing in difficult situations.
4. Offer a variety of volunteer opportunities
5. Keep ongoing communication between volunteers and staff on new information and procedures.

I agree to:

1. Volunteer for HOPE Center for at least one year.
2. Attend and complete the requirements for volunteer advocate training and refresher training sessions.
3. Provide at least 24-hour notice to HOPE Center and/or find a qualified replacement for my scheduled shift, except in emergency situations.
4. Embrace HOPE Center's philosophical perspective when acting as a representative of HOPE Center.
5. Turn in a contact sheet for each contact I have with a survivor whether on the SafeLine or in person.

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

**Return this application and all accompanying forms to:**

HOPE Center, 1003 7<sup>th</sup> Street NW, Faribault, MN 55021 or via email [hopevolunteer@gmail.com](mailto:hopevolunteer@gmail.com)

Call 800-607-2330 or 507-332-0882. during business hours with any questions.

Thank you for your interest in volunteering with HOPE Center and for your commitment to ending violence in our community.

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*For Office Use Only*

Training Date \_\_\_\_\_ Interview Date \_\_\_\_\_ Self Evaluation/Exit Interview \_\_\_\_\_  
Criminal Check \_\_\_\_\_ Hours of training Completed \_\_\_\_\_ Start Date \_\_\_\_\_  
Reference Check \_\_\_\_\_ Sexual Misconduct Check \_\_\_\_\_