



FAIR HAVEN

Rape Crisis Center

Volunteer Medical Advocacy
Response Team Application

Updated 07/14/2021

Thank you for your interest in our Volunteer Medical Advocacy team. Our Medical Advocacy program started on March 1, 2015, and in that first year we worked with just three hospitals. Now, in 2021 we work with all of our ten county hospitals and have recently expanded our services into Porter and LaPorte counties, adding three additional hospitals. We average one-two hospital responses a week. We know that we could not do this program without our dedicated volunteers.

I hope that your entire journey with Fair Haven is a positive one. Our Volunteer Coordinator, Natalie Boyd, and her team will be working with you on how to make this the best experience for you and the clients. If, at any time, you need additional resources or have a comment or concern, please reach out to me via my work phone or email.

Again, thank you for your heartfelt service to survivors in Lake County, IN. May God bless you on your journey.

Jenna Martin

Direct Services Coordinator

jmartin@asafeport.org

Work: (219) 961-4357

Requirements and Details

- Must be 19 years of age or older.
- It has been one year since you became personally connected to this issue.
- It has been one year since you have received medical, judicial, or school advocacy with Fair Haven Center.
- You are no longer receiving counseling or group advocacy services with Fair Haven Center.
- You may receive counseling now, or have in the past, but do not feel a sense of crisis in your everyday life.
- Completion of 20-hour Rape Crisis Medical Advocacy training.
- A valid driver's license and access to a car are not necessary. You must, however, be able to make it to a designated hospital in our service area within 60 minutes of receiving a call.
- Cases average about 5-7 hours, so you need flexibility in availability around your shift. You may be called at the end of your shift and then be at the hospital for several hours past when your shift ended.
- Volunteer must consent to and successfully complete a full background investigation pursuant to NRS 179-180 et seq., which includes a criminal history check and fingerprinting.
- Volunteer cannot have any pending charges with no disposition.
- You are not currently struggling with substance use.
- You have a strong support system in place.
- You feel 100% ready to be a Volunteer Medical Advocate.

Commitment with the Direct Services Volunteer Medical Advocacy Responder team:

We ask that you:

1. Commit to six months on the Direct Services team.
2. Sign-up for (3-6) six hour on-call shifts a month.
3. Attend one Volunteer meeting a month. Meetings take place at Fair Haven and every month is a different day and time.

Volunteer Application

Welcome to Direct Services! The following is an application form to be filled out by each person interested in volunteering for any Fair Haven program. Please read each question carefully and answer in full.

Date: _____

Name: _____

Mailing Address: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

_____ I am aware that the Direct Services Department's investment in each Trainee is extensive and that a firm commitment of me is expected in return.

_____ I understand that I will be required to complete the full training course that involves a specified number of sessions, plus an experiential component. Additionally, I understand that at the conclusion of training I will be required to attend a Volunteer Medical Advocacy orientation.

_____ I understand that for the duration of my involvement with the Volunteer Medical Advocate team, I may be asked by the Direct Services Coordinator to withdraw or resign at any time.

_____ To my knowledge, I do not have an open judicial case against me.

_____ I hereby certify the entirety of this application is correct and true, and authorize Fair Haven to verify that information through a background check.

Printed Name: _____

Signature: _____

Date: _____

The Direct Services Department requires a six-month commitment for our Volunteer Medical Advocacy Team. Are you able to make a six-month commitment at this time? (Please consider plans for the coming year – i.e. applying to school, moving, etc.)

Yes No

If no, please inquire about one-time volunteer opportunities instead of completing this application.

Are you able to fulfill the time and work requirements that are outlined in the volunteer job description for the program you are interested in?

Yes No

If no, explain why and what work you are unable to complete.

Do you have any special needs? Yes No

If so, please list any accommodations that may be helpful or necessary.

Are you fluent in any languages other than English? Yes No

If so, please list all languages in which you are fluent (speech and/or written).

Why are you interested in volunteering with the Volunteer Medical Advocacy Team?

How has rape affected your life? What does rape mean to you?

What are your fears and/or concerns related to volunteering with the Volunteer Medical Advocacy Team?

How do you handle conflict? Have you experienced conflict with a supervisor, co-worker or fellow volunteer? How did you handle this?

How did you hear about us?

- | | |
|--|--|
| <input type="checkbox"/> Google search | <input type="checkbox"/> Volunteer, current |
| <input type="checkbox"/> Other search (Where?) _____ | <input type="checkbox"/> Volunteer, former |
| <input type="checkbox"/> Idealist.org | <input type="checkbox"/> University/College (Where?) _____ |
| <input type="checkbox"/> Volunteermatch.org | |
| <input type="checkbox"/> Received services | <input type="checkbox"/> Other _____ |

Please list a reference (examples include coworkers, peers, professors, etc.) who can speak to your readiness and ability to volunteer with the Volunteer Medical Advocacy Team.

Name: _____

Phone: _____

Title (if applicable): _____

Relationship to you: _____

How long have you known this person? _____

Do you have any questions or comments?

The State of Indiana requires us to perform criminal record checks (CORI) on all incoming volunteers and interns. CORI checks are submitted at the time of an applicant's interview. A finding does not necessarily disqualify someone from acceptance.