

Application Packet

ACCESS to Prevention (Office of Greek Affairs and ACCESS Partnership)

Introduction to Applicants:

This application is intended to provide us with information we need in order to assess your eligibility for the Greek/ACCESS(Assault Care Center Extending Shelter and Support) partnership program. In addition, the information provides ACCESS staff with an understanding of your interest and commitment to the program. Information will be kept confidential among ACCESS staff. The office of Greek Affairs will be notified only of your status in the application process, including whether the application is accepted, and whether you are actively participating in the stages of the volunteer program. If there are specific concerns that would come up due to background checks, you will be notified of the information and how that will affect your eligibility.

This application needs to be printed off and filled out.

The application needs to be turned into the Office of Greek Affairs by Friday, February 23rd. Applications will then be turned in to ACCESS staff, and reviewed. You will be contacted by ACCESS staff by February 28th by email. If there are any questions before February 28th, or if you would like to meet with an ACCESS representative, please contact Tara Fisher, Sexual Assault Prevention Specialist, by e-mail tfisher@iastate.edu to arrange a meeting.

Applicant Information

Name: _____ Today's Date: _____
Fraternity/Sorority Affiliation: _____
Current Address: _____
E-mail address: _____
Phone: (home) _____ (cell) _____
Place of employment: _____

What is your major/minor(s)? _____
Year in school: _____ Expected graduation date: _____

References:

Please list the names of three people not related to you or friends, whom you have known at least one year (employers, professors, etc.). I authorize ACCESS to contact my references re: any current /accurate information they have about my background and release all concerned from any liability in connection therewith.

	Name	Phone	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Questions:

- 1) Why are you interested in volunteering with this program?
- 2) What Philanthropy and/or activities have you been involved with as a part of your Greek experience?
- 3) What other volunteer/work or philanthropy experiences have you had outside of the Greek community that may assist you in helping others?
- 4) List skills, strengths, and interest (computer skills, second language, crafty skills, etc.)?
- 5) What are your expectations as a volunteer/ of volunteering? What do you plan to get out of your experience with ACCESS (answer both, please!)?

Authorization to Conduct Criminal Background Investigation

As an applicant to work as a volunteer for ACCESS, I hereby authorize the Ames, Story County, Boone, and Boone County Law Enforcement to conduct a background investigation to determine my qualification to participate as a volunteer in this program. I understand that the background investigation I am authorizing will be conducted solely for the purpose of protecting and preventing any harm to anyone who may require the services of ACCESS and all information obtained in this check will be treated as confidential. ACCESS staff and Board of Directors will have access to this as needed.

Applicant: _____
Address: _____
 Street, City, State, Zip Code
Phone: _____ (home) _____ (work/cell)
Date of Birth: _____ Social Security Number _____

By signing this application, I acknowledge that the above information is correct, complete, and grant permission for this record check.

Authorization Signature: _____ (for background check and references)
Date Signed: _____

Confidentiality Agreement

I _____ understand that the Assault Care Center Extending Shelter and Support insists that its trainees/volunteers adhere to a strict code of confidentiality. As a trainee/ volunteer, I understand that any stories I hear about rape or domestic violence victims/survivors and their families/friends is confidential. I cannot and won't discuss these stories with anyone other than ACCESS staff or other trainees/volunteers.

I am also aware that other ACCESS staff or other trainees/volunteers may share personal experiences during training/during my time with ACCESS. I may also be given confidential information by those presenting in this training/during my time with ACCESS, and I realize this must also be kept confidential.

I have read. I am also aware that this confidentiality agreement pertains to the location of the shelter. I agree to adhere to this confidentiality agreement. Further, I understand what failure to do so may result in being asked to leave training or discontinue any contact with ACCESS as a volunteer advocate, thus, resulting in me not being a certified advocate. I have read and understand the above statement, and I will abide by it.

Signature

Please Print

Date

ACCESS Agency Mission and Vision Statement:

Mission

- 1) Provide a safe environment for all people who have experienced domestic and sexual violence, regardless of race, national origin, gender, sexual identity, religion, immigration status, age or ability.
- 2) Advocate for individuals who have experienced domestic and sexual violence.
- 3) Promote social change in the judicial, political, and medical systems.
- 4) Partner with other agencies to promote policies, procedures, and programs to create a safe community.
- 5) Provide education and professional training to understand and end domestic and sexual violence.
- 6) Continue to seek resources to implement programs to achieve the vision.

Vision

ACCESS is a harbor for all whom have experienced domestic and sexual violence, providing a safe environment for empowerment and exploration of personal strengths. ACCESS advocates for social change, partnering with other agencies to deliver education and professional training to end domestic and sexual violence.

ACCESS History

ACCESS, the Assault Care Center Extending Shelter & Support, arose from the need to confront and combat the issues of sexual assault and domestic violence in Story County. The agency began in 1974 with the help of the Iowa State University Government of the Student Body. Originally a rape crisis center, ACCESS services were expanded over the years to include a 24-hour crisis hotline and a shelter for battered women and their children. In 1981, we opened our first shelter facility, a place where women and children could share a safe environment and more readily receive the services our growing staff and volunteers were prepared to provide. In 2003, we moved into our most recent shelter facility. ACCESS continues to serve Story, Boone and Greene counties.

ACCESS Services

ACCESS provides the following free and confidential services to survivors of domestic violence and sexual assault, including women, men, and children.

- 1) **24-hour Crisis Line** --- Listening, support, information, and advocacy.
- 2) **Shelter** --- Safe, temporary housing for women and their children.
- 3) **Children's Programs** --- Counseling, advocacy, outings, and play groups.
- 4) **Individual Counseling** --- Short-term counseling to adult survivors of child sexual abuse, sexual assault, or domestic violence or dating violence.
- 5) **Support Groups** --- Support groups for survivors of domestic violence, sexual assault and children who have experienced or witnessed family violence.
- 6) **Advocacy** --- Support, information and referrals for clients working with the legal, medical, or social service systems.
- 7) **Community Education** --- Educational programming to schools, community groups, organizations, and agencies.
- 8) **Crises Response Services**
- 9) **SART (Story County Sexual Assault Response Team)** --- Crisis support and on-going advocacy

