

## GRINNELL ADVOCATES Application

This application is to be completed by students interested in applying to become a certified sexual assault advocate through the Advocate (GRINNELL ADVOCATES) Program at Grinnell College. Advocate training and position to begin in Fall Semester 2021. The application is **due by 5pm Friday, March 19th**. Please read and complete the entire application carefully and thoroughly.

### I. PERSONAL DATA

Name

Last:

First:

Middle:

Campus Address \_\_\_\_\_

Hall & Room/off-campus address Mailbox

Contact Info \_\_\_\_\_

E-mail

Cell phone

### II. EDUCATION

Present Status: 1<sup>st</sup> Yr \_\_\_\_\_ 2<sup>nd</sup> Yr \_\_\_\_\_ 3<sup>rd</sup> Yr \_\_\_\_\_ 4<sup>th</sup> Yr \_\_\_\_\_ (Check One)

Expected graduation date \_\_\_\_\_

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

Will you be interning, studying abroad or having a special experience of any type during the next year?

No Yes (Circle One)

If yes, please explain.

### III. WORK/VOLUNTEER EXPERIENCE

List your paid or volunteer experience with the most recent listed first. Grinnell College employment must be listed.

Position: \_\_\_\_\_

Dates held: \_\_\_\_\_ to \_\_\_\_\_ Employer: \_\_\_\_\_ Hours/week: \_\_\_\_\_

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

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

Responsibilities:

Position: \_\_\_\_\_

Dates held: \_\_\_\_\_ to \_\_\_\_\_ Employer: \_\_\_\_\_ Hours/week: \_\_\_\_\_

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

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

Responsibilities:

**IV. ACTIVITIES.** List any activities or organizations you have joined, including community, business, residential, or fraternal participation. If you have held any offices or other leadership positions, please indicate those as well.

Organization	Office Held	Dates	Future participation planned? (Y/N)
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**V. QUESTIONS** Please type your answers and attach separately.

1. What is your understanding of GRINNELL ADVOCATE's role on campus?
2. Why are you interested in becoming a GRINNELL ADVOCATE?
3. How do you plan to manage participation in the GRINNELL ADVOCATES program along with your academic and outside commitments?
4. What are the skills that you would bring to the GRINNELL ADVOCATE position?
5. What are some concerns that you would have about being a GRINNELL ADVOCATE?
6. How does participation in the GRINNELL ADVOCATES program fit in with your life or professional goals?

**VI. REFERENCES:** Please list the people (advisor/supervisor, faculty or staff member, etc) whom you are asking to act as references.

Name	Position	Phone
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1. _____		
2. _____		

*The information supplied in this application is correct to the best of my knowledge. I have read the Position Description supplied with this application and agree to comply with all requirements should I be offered a GRINNELL ADVOCATE position. In addition, I understand that should I be hired, I must attend **all** training sessions and commit to doing my best to attend all subsequent GRINNELL ADVOCATES meetings and activities.*

*I hereby authorize the Selection Committee(s) to review and discuss any of my academic or extracurricular activity records that are maintained by Grinnell College or submitted by me for their consideration.*

*I also authorize any criminal justice agency with access to my criminal history files to release information on any criminal conviction to the Crisis Intervention Services.*

\_\_\_\_\_  
Signature of Applicant Date of Application

### **Crisis Intervention Services Confidentiality Policy**

Services provided to clients of Crisis Intervention Services shall be confidential. No disclosure of any information regarding any client may be made outside the agency (and its designated cooperating agencies) without the written consent of the client.

I, \_\_\_\_\_, have read the confidentiality policy for Crisis Intervention Services and will abide by it.

**If you are interested in volunteering with Crisis Intervention Services, please complete the following additional information:**

Drivers License or Social Security Number: \_\_\_\_\_

I have access to a vehicle: Yes      No      (Circle One)

Being an ADVOCATE requires holding a 48 hour shift. Are there days when you could be responsible for the crisis line during the day as well as overnight? Yes      No      (Circle One)

CIS requires a check of the National Sex Offender Registry, Iowa Courts Online, and the Iowa Child Abuse Registry. To complete these checks, please complete the highlighted sections on the release forms on the following pages.



Iowa Department of Human Services

**Authorization for Release of Child and Dependent Adult Abuse Information**

This form must be used to authorize release of child or dependent adult abuse information when the person requesting the information does not have independent access to it under Iowa law. Complete a separate form for each person for whom information is requested and email to [dhsabuseregistry@dhs.state.ia.us](mailto:dhsabuseregistry@dhs.state.ia.us), or fax to (515) 564-4112, or mail to the Iowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Please specify which abuse registry you are requesting by checking the appropriate box below:

☐ Child Abuse Registry ☐ Dependent Adult Abuse Registry ☐ Both

Please specify your preferred **method of response** by checking a box and completing the information in Section 1.

☐ Address ☐ Fax ☐ Email

**Section 1: To be completed by the person or agency requesting the information.**

Requester: Last	First	Agency Name	Telephone Number ( )
Address			Fax Number ( )
City	State	Zip Code	Email

List the name and address of the person whose information is being requested:

Name (last, first, middle)		Birth Date	Social Security Number	
Address	City	County	State	Zip Code

List maiden name, previous married names, and any alias:

What is the purpose of your request for child or dependent adult abuse information?

I have read and understand the legal provisions for handling child and dependent adult abuse information which is printed on the second page of this form.

Signature of Requestor	Date
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**Section 2: To be completed by the person authorizing the Department of Human Services to release their child or dependent adult abuse information.**

I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse or Dependent Adult Abuse Registry as having abused a child (Iowa Code section 235A.15) or dependent adult (Iowa Code section 235B.6). To the best of my knowledge, the information contained in Section 1 of this form is correct.

Signature of Person Authorizing	Date
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**Section 3: To be completed by the Central Abuse Registry or designee.**

- ☐ The person whose information is being requested is listed on the Child Abuse Registry as having abused a child.
- ☐ The person whose information is being requested is not listed on the Child Abuse Registry as having abused a child.
- ☐ The person whose information is being requested is listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- ☐ The person whose information is being requested is not listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- ☐ This request for information is denied because the form is incomplete.

Signature of Registry Staff or Designee	Date
Comments	

## Background Check Agreement

I agree to have Crisis Intervention Services (CIS) check Iowa Courts Online and the National Sex Offender Registry with my name, date of birth, and aliases so I can serve in the capacity of a volunteer advocate. I understand that my record will be reviewed and that any significant findings can disqualify me from volunteering. I also understand that failing to notify CIS of any aliases or providing a false name will also disqualify me from volunteering.

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

Maiden Name/Alias: \_\_\_\_\_

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

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

**Turn in applications in via email to Deanna Shorb [[shorb](#)] AND Logann Sappenfield ([loganns@stopdvsa.org](mailto:loganns@stopdvsa.org)) by 5pm Friday, March 19th, 2021**