

# Rape Crisis Center Volunteer Advocate Application

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

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

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

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

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

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

Social Security Number: \_\_\_\_\_

Have you applied at Rape Crisis Center before? Yes \_\_\_\_ No \_\_\_\_

If yes, when?

Place of employment/and or school \_\_\_\_\_

Occupation/major \_\_\_\_\_

Educational background

Why, specifically do you want to become a RCC volunteer?

Other volunteer work or community affiliations

How long have you lived in this community? \_\_\_\_\_

Have you ever been arrested or convicted of a crime? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain

Have you ever been a victim of sexual assault/any crime? Yes \_\_\_\_ No \_\_\_\_

What are your strengths?

Please describe how you relate to your family

**Please describe how you relate to people of a different race**

**Please describe how you relate to people of a different sexual preference**

**Please describe how you relate to authority figures**

**What does being a volunteer mean to you?**

**Please provide three personal references (name, phone number, & address)**

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**Please note – the Rape Crisis Center reserves the right to do a thorough background check on prospective volunteers.**

You can Email the application to [info@victimtosurvivor.org](mailto:info@victimtosurvivor.org)  
Fax to 843-626-2710 – Attention: Volunteer Coordinator or  
Mail to  
Rape Crisis Center  
PO Box 613  
Myrtle Beach, South Carolina 29578