

# SEXUAL ASSAULT SERVICES ORGANIZATION

## Durango Office

701 S. Camino Del Rio #312, Durango, CO  
970-259-3074

## Ignacio Office

115 Ute Street, Room 22, Ignacio, CO  
970-563-0695



24-hr Support Line:  
970-247-5400  
www.durangosaso.org  
PO Box 2723



# SASO

SEXUAL ASSAULT SERVICES  
ORGANIZATION

## NEW VOLUNTEER APPLICATION

### PERSONAL INFORMATION

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Pronouns:	<input type="text"/>	Date of Birth:	<input type="text"/>
Primary Address:	<input type="text"/>		
City, State, Zip:	<input type="text"/>		
Permanent Address:	<input type="text"/>		
City, State, Zip:	<input type="text"/>		
Email Address:	<input type="text"/>	Phone number:	<input type="text"/>
Employer:	<input type="text"/>	May we contact?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been charged with a felony?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, explain:	<input type="text"/>		
Have you ever volunteered with SASO before?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If so, in what capacity?	<input type="text"/>		
Please mark which programs you are interested in:			
Support line Advocacy	<input type="checkbox"/>	Prevention Education / Programming	<input type="checkbox"/>
Cultural Outreach / Special Projects	<input type="checkbox"/>		

### VOLUNTEER HISTORY

What skills would you be excited to share with SASO?

Please list any languages you speak, other than English:

Describe your commitments in a typical week (work, school, family, etc)

Describe any previous volunteer experience. What gave you the most satisfaction and why?

### PLEASE PROVIDE US WITH TWO REFERENCES

Name:	Phone number:	Relationship:	Years known:
1 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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### INTERSECTIONS OF SEXUAL VIOLENCE AND OPPRESSION

SASO is recruiting for people of different ages, genders, cultures, ethnicities, races, sexual orientations, languages, religions, abilities, nationalities and experiences. Please speak about your life experiences and what kinds of perspectives you would bring to SASO in this regard.

We at SASO are challenging ourselves to recognize all forms of oppression and understand how they intersect. How would you feel about being challenged in this area?

In your opinion, why does sexual violence occur?

Some volunteers for SASO have had personal experiences with sexual assault. This information will aid you and the SASO staff in understanding how this demanding work may impact you and your recovery process, and will remain confidential. All disclosures are voluntary, and may be discussed in person if you prefer.

Have you, or has someone close to you, been directly impacted by sexual assault?

Yes ☐ No ☐

If yes, please give a brief description:

Have you ever received counseling related to any sexual assault history?

Yes ☐ No ☐

If yes, please describe:

If yes to above, have you discussed volunteering with SASO with your therapist?

Yes ☐ No ☐

### VOLUNTEER EXPECTATIONS

I will be able to attend all required training sessions

Yes ☐ No ☐

If no, please explain:

Support line only:

I will be able to attend one evening advocate meeting each month.

Yes ☐ No ☐

I am willing to sign up for four (4) on call shifts per month.

Yes ☐ No ☐

I understand that I need to have access to a vehicle and private phone while I am on call.

Yes ☐ No ☐

I certify that all of information provided on this application is correct.

Volunteer signature:

Date:

For more information or help with any questions please contact the SASO office at 970-259-3074  
You may also submit your application by mail to PO Box 2723, Durango, CO 81302

STAFF USE ONLY:

Reviewed by:

Date: