



To: Delaney Cronin  
Advocate Coordinator

**St. Francis Counseling Service**  
**Sexual Abuse and Assault Program**  
**(609)-494-1554**

Save & email to:  
dcronin@stfrancislbj.org

**Confidential Sexual Violence Advocate Application**

**Date:** \_\_\_\_\_

**Applicant Information**

Full Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

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

List any outside activities in which you participate, organizations or volunteer activities:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any prior experience or college curriculum you received in dealing with people in crisis situations:  
Please explain when, where, and how long.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Place of Employment \_\_\_\_\_

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

Please share reasons you wish to be a Confidential Sexual Violence Advocate.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO  
   Diploma: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO  
   Degree: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO  
   Degree: \_\_\_\_\_

Have you ever been the victim of rape or sexual abuse or had a close friend or relative who has been a victim? (Your response is optional.)  Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CSVAs are required to pick-up at minimum 3, 8hr shifts per month. Would this be a requirement you can fulfill?  Yes  No  
(If no, please explain)

\_\_\_\_\_  
\_\_\_\_\_

Please feel free to list any other information you feel you would like us to know that is pertinent to this program.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about the program?

\_\_\_\_\_  
\_\_\_\_\_

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

**(Training Course Certification requires your attendance at each of the 14 sessions)**

*(revised 11/22 DC)*