



# Sexual Assault Response Services of Southern Maine

**24-Hour Crisis & Support Line**  
**1-800-313-9900**

P.O. Box 1371  
Portland, ME 04104

infosars@sarsonline.org  
www.sarsonline.org

## SARSSM Volunteer Application

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

Phone(s): (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Address: \_\_\_\_\_ City, State Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

### How Did You Hear About This Volunteer Opportunity? (Please circle one)

1. Flyer - Where? \_\_\_\_\_
2. SARSSM Event/Speaker - Where? \_\_\_\_\_
3. Advertisement: TV: \_\_\_\_\_ Radio: \_\_\_\_\_ Paper: \_\_\_\_\_ CTV: \_\_\_\_\_ Other: \_\_\_\_\_
4. Internet: SARSSM Website United Way Website Other: \_\_\_\_\_
5. Friend/Co-Worker
6. Other: \_\_\_\_\_

### Which volunteer opportunities are you interested in? Please check all that apply.

(Note: A separate application is required for becoming an Advocate or Board Member.)

- |   |  |
|---|--|
| <input type="checkbox"/> Chocolate Lovers' Fling      | <input type="checkbox"/> Take Back the Night |
| <input type="checkbox"/> Planning Committee           | <input type="checkbox"/> Planning Committee  |
| <input type="checkbox"/> Day of Volunteer             | <input type="checkbox"/> Day of Volunteer    |
| <input type="checkbox"/> On-line Auction              | <input type="checkbox"/> Administrative      |
| <input type="checkbox"/> Clothesline Project          | <input type="checkbox"/> Education/Outreach  |
| <input type="checkbox"/> Other – Please Specify _____ |  |

Are you volunteering to complete a school/class requirement? Y N

If Yes, will you require supervision meetings? Y N

If you have a set hour requirement to fulfill,, how many? \_\_\_\_\_

### Please list any relevant skills that may be beneficial to SARSSM:

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

Why do you want to volunteer for SARSSM? \_\_\_\_\_

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

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

*Help, Hope, and Healing*

