

Essex County Prosecutor's Office of Victim-Witness Advocacy  
Sanctuary Program

This File Contains the Following Documents:

VOLUNTEER APPLICATION  
VOLUNTEER QUESTIONNAIRE  
LIST of REFERENCES  
VOLUNTEER MEMORANDUM of UNDERSTANDING  
VOLUNTEER CERTIFICATIONS

All of these forms must be fully filled out and signed as per the instructions on each form. In addition, the Volunteer Certifications Form must be Signed and Notarized by an official Notary Public.

The applications are due by 4:30 pm on May 10, 2019. Please return the application packet with all necessary signatures and notarization to us by either of the following methods:

1.) Deliver the documents directly to the Essex County Prosecutor's Office front desk during regular business hours (Monday thru Friday except Holidays, 9 am to 4:30 pm), on the 3rd Floor of the Veterans Courthouse Building, 50 West Market St. in Newark, by 4:30 PM May 10, 2019.

OR

2.) Electronically scan the signed and notarized documents and attach them to an e-mail, and send that to:

EssexVW@njecpo.org

by May 10, 2019. Again, the scanned file must show that these documents have been signed and notarized.

BRING THE ACTUAL DOCUMENTS (signed and notarized) with you on the first class date, if accepted.

For more information, please call 973.621.4689 during regular business hours.

**Essex County Prosecutor's Office of Victim-Witness Advocacy  
Sanctuary Program  
Volunteer Application**

(Please Print Legibly)

DATE:

FULL NAME:

STREET ADDRESS:

TOWN/CITY/STATE/ZIP CODE:

HOME PHONE:

CELL PHONE:

EMAIL:

NAME OF CHURCH / MOSQUE / SYNAGOGUE / MUNICIPAL POLICE DEPARTMENT / ORGANIZATION (PICK ONE):

NAME OF PASTOR / IMAM / RABBI / POLICE CHIEF / ORGANIZATION HEAD OR SUPERVISOR:

HOW DID YOU HEAR ABOUT OUR PROGRAM?

CURRENT EMPLOYER:

WORK ADDRESS:

TOWN/CITY/STATE/ZIP CODE:

WORK PHONE:

EMERGENCY CONTACT:

ADDRESS:

TOWN/CITY/STATE/ZIP CODE:

HOME PHONE:

CELL PHONE:

EMAIL:

## **Sanctuary Program Volunteer Questionnaire**

Please answer the following questions as completely as possible. Feel free to include extra pages if you need additional space. If completing this questionnaire by hand, please print legibly. Thank you.

1. What experience do you have helping others, formally or informally?
2. List any special skills and/or interests that you would be willing to share with others as it relates to assisting victim/survivors of intimate partner violence (e.g. computer skills, graphic design skills, artistic skills, fundraising).
3. Why do you want to get involved in your organization's efforts to assist victims of intimate partner violence?
4. What do you think you can offer to victim/survivors of intimate partner violence?
5. Describe your own experience (if any) with sexual violence, harassment, stalking or domestic violence. What was the date(s) of the last incident(s).
6. Working closely with issues surrounding intimate partner violence can be stressful. Describe the types of support available to you.
7. What is the level of stability in your life? Have you recently experienced any major changes in your life (e.g. a move, career change, change in a significant relationship, loss of a loved one)?
8. Do you speak Spanish, French, Portuguese, or any other language?
9. What do you hope to gain from this experience?
10. Can you commit to being a volunteer to your organization for at least one year?
11. Is there anything else you would like us to know about you?

**Essex County Prosecutor's Office of Victim-Witness Advocacy  
Sanctuary Program  
References**

Please list three references we may contact to attest to your suitability for program participation, giving complete and current addresses and phone numbers. If you plan to participate as a member of your congregation or mosque, or at your workplace, please include the name of pastor/priest/imam/rabbi and/or your immediate supervisor as one of your references. Please type or print legibly. Thank you.

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

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

Phone (Home): \_\_\_\_\_

Phone (Work): \_\_\_\_\_

Phone (Cell): \_\_\_\_\_

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

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

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

Phone (Home): \_\_\_\_\_

Phone (Work): \_\_\_\_\_

Phone (Cell): \_\_\_\_\_

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

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

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

Phone (Home): \_\_\_\_\_

Phone (Work): \_\_\_\_\_

Phone (Cell): \_\_\_\_\_

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

**Essex County Prosecutor's Office of Victim-Witness Advocacy  
Sanctuary Program  
Volunteer Memorandum of Understanding**

**RESPONSIBILITIES OF THE VOLUNTEER:**

1. To maintain strict confidentiality to protect the privacy of all clients
2. To attend all parts of the initial crisis intervention **70-hour** basic training
3. To make at least a one year commitment to the volunteer's home organization
4. To provide appropriate, culturally sensitive information, referrals, and/or emotional support to anyone seeking assistance through the volunteer's home organization
5. To never enter into a professional or personal relationship with a program client
6. To never go to a victim/survivor's home or scene of the alleged crime without having a police escort AND contacting the volunteer's home organization's lead contact person or his/her representative
7. To report a brief description of each response to the volunteer's home organization's lead contact person within 72 hours of the initial contact with the victim/survivor
8. To report any incident of child abuse, sexual or physical, (age 17 and younger) or alleged or suspected child abuse to the New Jersey Division of Youth and Family Services (DYFS) and law enforcement immediately after receiving disclosure, as required by law.
9. To conduct follow-up on referrals when appropriate and provide information regarding that follow-up to the volunteer's home organization lead contact person

**RESPONSIBILITIES OF THE ESSEX COUNTY PROSECUTOR'S OFFICE VICTIM-WITNESS STAFF:**

1. To provide an initial, intensive **70-hour** basic training program for volunteers, as well as follow-up training and technical support in specific areas to enhance the volunteer's job performance and skills
2. To provide support services to volunteers in the areas of information and referral, back-up advocacy, and crisis/short-term empathetic inter-personal counseling techniques as it pertains to the volunteer's role as advocate
3. Other program and supportive activities/responsibilities, as discussed and agreed upon

**ECPO Office of Victim-Witness Advocacy  
Sanctuary Program Volunteer's Memorandum of Understanding  
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I understand and agree to accept the responsibilities outlined above. I further understand that CONFIDENTIALITY is the primary task of all volunteers; therefore, I will only discuss referrals made to my organization's program/ministry with other program volunteers or Essex County Prosecutor's Office's unit staff.

Date:

Volunteer: \_\_\_\_\_

Victim-Witness Coordinator: \_\_\_\_\_

**Sanctuary Program  
Volunteer Certifications**

Read each of the following and sign where appropriate, in the presence of a notary public.

- A. I, the undersigned volunteer, hereby certify that the information submitted on this application is true and accurate. I further certify that the information reported on any enclosures is true and accurate.

Signature of the Volunteer \_\_\_\_\_ Date \_\_\_\_\_

- B. I, the undersigned volunteer, hereby certify that I have never been accused, charged with, or convicted of any disorderly or petty disorderly offense(s) stemming from an act of violence or threat thereof, any felony, or any other criminal act(s) with respect to a child or adult. \*\*\*

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_  
(Attach an explanation for any convictions)

- C. I, the undersigned volunteer, hereby certify that I have read and agree to follow the attached Code of Professional Ethics for Victim Assistance Providers in the State of New Jersey.

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

- D. I, the undersigned volunteer, hereby certify that I have never been terminated or offered my resignation from a volunteer or paid position due to conduct that is in violation of the attached Code of Professional Ethics for Victim Assistance Providers in the State of New Jersey.

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

- E. I, the undersigned volunteer, hereby certify that I have read and understand the components of the Sanctuary Program's Memorandum of Understanding.

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

- F. I, the undersigned volunteer, hereby certify that I understand the above statements and, if approved for admission into the Sanctuary Program, I will seek to complete no less than ten (10) hours of continuing education relevant to assisting victims of intimate partner violence during the next two (2) years.

**NOTARIZATION:**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public \_\_\_\_\_

(\*\*\* Be advised that all applicants are subject to a criminal history background check and a personal interview)