



Crisis Line Volunteer Advocate: Description & Application

Your support and advocacy are critical to our work and the people we serve.

“I really appreciate every one of you. Thank you for letting me stay there and listening to me when I need someone to talk to.”

“Thank you for allowing me to keep my dignity, for resources to grow, for resources to be kept safe and fed and encouraged. Thank you.”

“The Friendship Center saved my life! I escaped an abusive relationship and found safe housing and classes and a support system I needed to make positive changes. I am forever indebted to this wonderful organization and marvelous and caring and knowledgeable staff.”

“Don’t be afraid of your freedom. Thank you for everything. I owe it all to all of you. I will never forget. Thank you.”

The Friendship Center of Helena (TFC)
1430 N Sanders
Helena, MT 59601
406.442.6800

Description

The Friendship Center provides a safe place for survivors to find support and healing. Services include a 24-hour crisis line, emergency shelter and transitional housing, walk-in support, support groups, referrals, and civil, criminal, legal, personal, and medical advocacy.

Volunteers provide supportive listening, information, referrals, and advocacy to victims of domestic violence, stalking, or sexual assault. TFC strives to assist people of all ages to live free of violence and to make their own choices through empowerment. The empowerment model is client-driven and supported by resources offered by TFC and other agencies.

Volunteer duties include:

- Answer crisis calls to the crisis line cellphone. *A staff advocate will ALWAYS be assigned to your shift to provide support.*
- Provide information, referrals, and support to callers
- Arrange for emergency shelter, food, clothes, and transportation with support of staff advocate
- Be present with a client when they receive a sexual assault exam
- Complete and submit an intake form for each call received on the crisis line
- Attend continuing education meetings for advocates as provided
- Pick up and drop off cellphone and on-call bag in a timely manner

Conditions of the job:

- Answer crisis calls on cellphone provided by TFC
- Remain in area with cell reception during shift
- Respond to in-person situations as needed (within 45 minutes, sooner preferred)
- Cover one shift per month. Shifts are offered on weekends, two-night periods during the week, and on holidays.

Benefits:

- 40 initial hours of training on domestic violence, stalking, sexual assault, and services
- Opportunities for professional training, conferences, support, and education
- Satisfaction of knowing you're making a difference in the lives of those in need

Qualifications:

- An interest in working with individuals who have experienced abuse in their lives
- Sensitivity to the needs of people of all ages who have experienced abuse
- Understanding of empowerment and client-based support
- Ability to work with a diverse population
- Ability to problem-solve and work independently
- Understanding and respect for TFC's confidentiality practices
- Ability to provide advocacy aligned with TFC's mission, philosophy, and vision

For advocate training, all volunteers must:

- Have been living violence-free for at least two years and done work around their abuse
- Have not been receiving direct services from TFC for at least two years
- Be willing to sign "Confidentiality Agreement"
- Be willing to submit to a criminal background check

Application

Contact Information

Please write or print clearly.

Name:	
Street Address:	City:
Zip:	Phone 1:
Email:	Phone 2:

Education

Please describe your education. Include highest education received and any relevant courses/classes.

Volunteer / Work Experience

Please list related work and/or volunteer experience. Include name, description of work, and dates of work/service. Attach an extra sheet (or resume with all relevant information) if necessary.

Type of work:	Dates of work:
Description of work:	
Type of work:	Dates of work:
Description of work:	
Type of work:	Dates of work:
Description of work:	

6. Are you able to commit to all of the responsibilities outlined in the volunteer position description? If not, please explain any prior commitments you have that will interfere in your ability to participate as a volunteer.

7. Have you previously used any services provided by The Friendship Center? If yes, please state the service and when you had used it.

Volunteer Agreement

I, the undersigned, am committed to provide crisis counseling and response services to survivors of domestic and sexual violence, and stalking. I understand the importance of being a dependable and consistent source of support and assistance during my volunteer shifts. The safety of and interactions with survivors and shelter residents are my priorities. I also agree not to bring any alcohol or illegal drugs on any response call or to the shelter.

Signature

Date

Confidentiality Agreement

The Friendship Center is a private, not-for-profit organization, which rents and/or owns, and maintains the building(s) in which the business matters of the organization are handled and in which victims of domestic/intimate partner violence, sexual assault, and/or stalking are provided services and/or sheltered.

The Board and all staff, volunteers, independent contractors, funders, agents, and all others involved in Friendship Center matters are charged with maintaining the confidentiality of Service Participants as outlined in The Friendship Center policies, and in federal and state law.

It is the policy of The Friendship Center to hold confidential all communications, observations, and information made by, between or about Service Participants, including the identity of Service Participants. It is also the policy of The Friendship Center to keep confidential personal information about Advocacy Service Providers, including but not limited to, residential addresses and phone numbers. The obligation to maintain confidentiality does not end when the service to a Service Participant is concluded. Confidentiality extends to all current and former Service Participants.

I understand the need to protect the privacy and confidentiality of Friendship Center and its service recipients, in accordance with Friendship Center policy. I agree to keep confidential all client information that I observe and am privy to at The Friendship Center. All information regarding individuals is to be kept within the confines of The Friendship Center, its programs and/or facilities. Client information is to be discussed only with Friendship Center social service staff.

I agree to maintain and hold confidential all communications, observations and information made by, between and about Friendship Center Service Participants, and understand that violation of client confidentiality could be grounds for disciplinary action and/or prosecution, according to the procedures set by The Friendship Center and any applicable laws.

Signature

Date

Criminal Background Check Policy

It is the policy of The Friendship Center to conduct a criminal background check on all prospective employees and volunteers, ages 18 and older. The background check includes a SSN search to verify identity and address history, a national crime database search, a sex offender search, and a state-level criminal court search.

Applicants or current paid/unpaid employees are not eligible for employment if they have been convicted of the following:

- Any conviction involving the sale, manufacture, or distribution of a controlled substance
- Any conviction involving bodily harm to another individual or the use of a weapon in the commission of a crime
- Any conviction of illegal sexual activity or indecency
- Any conviction of abuse or neglect of a child

NOTE: Any convictions are to be reviewed and discussed by TFC staff and may result in a decision to hire or not hire the individual involved. If you are aware of any convictions that will be on your report, please feel free to offer a disclosure or explain your record below.

I authorize The Friendship Center staff to conduct a criminal background check of my record.

Signed _____

This day _____

Information needed to complete background check:

Full Name: _____

List other names (alias, maiden, prior name, etc.): _____

Date of Birth: _____

Sex: _____

Social Security Number: _____

Phone: _____

Email: _____

Address: _____

Optional: Use this space to explain any portion of your record. If no explanation is necessary, or you prefer not to, simply leave blank:
