



Mail to:  
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# St. Francis Counseling Service Sexual Abuse and Assault Program

## Confidential Sexual Violence Advocate Application

### Applicant Information

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

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

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

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

Date of birth: \_\_\_\_\_  
 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 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, once certified? 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 12 sessions)**

*(revised 1/16)*