



Mail to:
 Breanne Gesicki
 4700 Long Beach Boulevard
 Long Beach Township, NJ 08008-3926
 (609)-494-1554

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)