

[Volunteer Application](#)

Rape Crisis Center

Volunteer Application



Full Name:	Application Submittal Date:
Full Address:	
Phone:	Email:
Referred By:	
What do you hope to gain from your volunteer experience?	
List any special skills:	
RCC Volunteers will have a number of opportunities and expectations, including:	
<ul style="list-style-type: none">• Outreach Volunteer• Survivor and Co-Survivor Advocacy• Legal Advocacy• UA Campus Support• Support Group Facilitator• And more	

By submitting this application, I accept the following terms:

- I understand that I am responsible for obtaining a background check.
- I understand that I must be at least 18 years of age to volunteer.
- I understand that I must complete an agency provided training before I can volunteer.

Signature:	Date:
-------------------	--------------

Please submit the completed application either by mailing to:

**Rape Crisis Center
Attn: Volunteer Coordinator
974 East Market Street
Akron Ohio 44305**

OR e-mail a saved version to info-rcc@scmcbws.org