



***SAFE SPACE  
DOMESTIC VIOLENCE &  
SEXUAL ASSAULT PROGRAM***

***BI-ANNUAL VOLUNTEER ADVOCACY TRAINING REGISTRATION***

Please Check One: Spring Training (May/June) \_\_\_\_\_ Fall Training (Oct./Nov) \_\_\_\_\_

Safe Space is hereby authorized and directed to review and obtain copies of my criminal history records, if any. I fully understand that the completion of this registration and signing of this document is an authorization by me and shall relieve Safe Space and authorized agency of any responsibility or liability under State and Federal Privacy Laws to the collection, release, and/or use of the criminal history information.

Full Name: \_\_\_\_\_

Aliases: \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Today's Date: \_\_\_\_\_

Are you currently a registered volunteer with Safe Space and/or Suited for Success?  
Describe your reasons for wanting to become a trained volunteer advocate for domestic and sexual violence? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any experience you have in crisis hotlines, crisis intervention, social/human services, or other forms of advocacy. (Personal or professional) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing this document, I agree to the above mentioned criminal history check and have received a copy of the schedule and itinerary. I further agree to pay the \$15 Registration Fee at the time this registration form is submitted.

Signature \_\_\_\_\_

Date \_\_\_\_\_