



Sexual Assault Response Services of Southern Maine

24-Hour Crisis & Support Line
1-800-313-9900

P.O. Box 1371
Portland, ME 04104

infosars@sarsonline.org
www.sarsonline.org

SARSSM Volunteer Application

Name: _____ Date: _____

Phone(s): (home) _____ (work) _____ (cell) _____

Address: _____ City, State Zip: _____

E-mail: _____

How Did You Hear About This Volunteer Opportunity? (Please circle one)

1. Flyer - Where? _____
2. SARSSM Event/Speaker - Where? _____
3. Advertisement: TV: _____ Radio: _____ Paper: _____ CTV: _____ Other: _____
4. Internet: SARSSM Website United Way Website Other: _____
5. Friend/Co-Worker
6. Other: _____

Which volunteer opportunities are you interested in? Please check all that apply.

(Note: A separate application is required for becoming an Advocate or Board Member.)

- | | |
|---|--|
| <input type="checkbox"/> Chocolate Lovers' Fling | <input type="checkbox"/> Take Back the Night |
| <input type="checkbox"/> Planning Committee | <input type="checkbox"/> Planning Committee |
| <input type="checkbox"/> Day of Volunteer | <input type="checkbox"/> Day of Volunteer |
| <input type="checkbox"/> On-line Auction | <input type="checkbox"/> Administrative |
| <input type="checkbox"/> Clothesline Project | <input type="checkbox"/> Education/Outreach |
| <input type="checkbox"/> Other – Please Specify _____ | |

Are you volunteering to complete a school/class requirement? Y N

If Yes, will you require supervision meetings? Y N

If you have a set hour requirement to fulfill,, how many? _____

Please list any relevant skills that may be beneficial to SARSSM:

Why do you want to volunteer for SARSSM? _____

Volunteer Signature

Date

Help, Hope, and Healing

