VICTIM ADVOCATE APPLICATION

NAM	E:		Send to:	NGND-J1-SMFS JFHQ SARC (MSC)	
ADD	RESS:			PO BOX 5511 BISMARCK, ND 58506	
CITY/STATE/ZIP:				(distro mail: J1-SFMS-SARC	
ORG	ANIZATION/UNIT:				
HOM	IE PHONE:D	OUTY PHONE:	Email:		
COM	IMANDER'S SIGNATURE OF	APPROVAL:			
1. V	hy you are interested in becom	ning a victim advocate.			
	/hat skills, education, or life expctim advocate?	perience do you have that	you believe would	help you serve effectively as	
	what ways do you think you w	ould benefit personally fro	om your training ar	nd service as a victim	
a	dvocate?				
	ased on your current understar ifficult or challenging?	nding of the responsibilities	s of a victim advoc	cate, what aspects would be	
G .	out or orialioniging.				
5. A	re you willing to commit to the I	mandatory training and bo	oth on and off-duty	service that may be required	
to	assist the victim? There will be	e initial 40 hour training ar	nd 8 hours per yea	r continuing education.	
a li	ist other volunteer activities.				
J. L	of other voluntoor donvitios.				

7. Do you have any current significant stressors in your work or personal life? Would any of this interfere with victim advocate responsibilities?
8. How do you manage resulting stress (ref. question 7)?
9. Describe a situation in which you responded to someone in stress.
10. Can you support someone in making a decision you would not agree with? How would you handle this situation?
11. What is the difference between an EEO and a SARC? (not evaluated; for our information only)
12. Is there any thing you would like to add?