

Advocate Volunteer for Abuse Survivors (AVAS)

Application Packet



Spectrum Health
Lakeland

Dear Prospective Advocate,

Thank you for your interest in joining the advocate volunteer for abuse survivors (AVAS). Every two minutes someone in the United States is sexually assaulted. In Berrien County, more than 300 children (16 and under) and 40 adults (over 17) reported being sexually abused or assaulted in 2014. These numbers are only a glimpse into the prevalence of sexual assault throughout our community and country — less than half of survivors report their attacks.

As an advocate volunteer, you'll be assisting specially trained forensic nurses and certified sexual assault nurse examiners who provide around-the-clock care to help sexual assault survivors, intimate partner violence, human trafficking, and child abuse begin the healing process and receive the support they need to live full, satisfying lives.

Enclosed you will find an application to become an advocate volunteer and general information about the program and training. For questions or more information, please call Alyssa Pliml, RN, SANE-A, SANE-P, at 269.687.1880, or email alyssa.pliml@spectrumhealth.org.

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Introduction

Role of Advocate Volunteers

An assembled group of professionals have joined forces to create a sexual assault response team in Berrien County. This team consists of counselors, social workers, law enforcement officials, physicians, forensic nurses, sexual assault nurse examiners, Cora Lamping Center for Survivors of Domestic & Sexual Violence, and Children's Advocacy Center of Southwest Michigan. Everyone involved with the response team is committed to helping survivors and ending sexual and physical abuse in Southwest Michigan.

Advocate volunteers are crucial in assisting this team, by providing emotional assistance and support to survivors of sexual or physical abuse and assault during the initial examination process. Ongoing education and training will be provided to advocate volunteers to further develop and enhance the appropriate skills and compassionate support services they provide to patients.

How to Become an Advocate Volunteer

Application Materials

Complete, Sign, and Submit the Following Enclosed Forms:

- Personal Background Check Authorization Form
- Statement of Commitment
- Volunteer Requirements

Completed forms should be emailed to Alyssa Pliml at alyssa.pliml@spectrumhealth.org or mailed to:

Lakeland Hospital Niles
Attn: Alyssa Pliml
31 N. St. Joseph Avenue
Niles, MI 49120

After applications are reviewed, approved applicants will be contacted about the interview process.

Return Completed Items to Alyssa Pliml

- Signed Volunteer Requirements
- Statement of Commitment
- Background Check
- Two Separate References

Complete Online

Go online at: **www.spectrumhealthlakeland.org/volunteer** and apply for a volunteer position in **Niles** (Please note: AVAS present to all three Emergency Departments in St. Joseph, Niles, and Watervliet)

References:

Please select two references and have them complete the enclosed questionnaire. Letters are included within this packet for your references that explain what to do once they've completed the questionnaires. Completed questionnaires need to be emailed to **alyssa.pliml@spectrumhealth.org** or mailed to:

Lakeland Hospital Niles
Attn: Alyssa Pliml
31 N. St. Joseph Avenue
Niles, MI 49120

Interview Process:

Interviews for advocate volunteers will be conducted based on applicants' availability. The advocate program team will ask applicants a variety of open-ended questions that will help determine levels of commitment, dedication, and emotional competency.

Training:

Advocate volunteers must successfully complete a comprehensive four-day training program to ensure they're properly equipped to work with sexual assault, physical violence, and human trafficking survivors.

Training will provide specific information about the diverse and unique populations that exist in Berrien County. More information regarding training will be discussed during the interview process. Training sessions will be held on days and times that work best for a *majority* of the advocate volunteers.

Advocate Volunteer Expectations:

Every other month meetings will be held to review current cases and provide additional education, so that skills remain astute and current on the latest developments within this field of healthcare. Email will be the main source of communication.

Advocate volunteers must be able to serve for a minimum of 48 hours per month.

On-call shifts will be assigned on a rotational basis (chosen by the advocates on a first-come/first-served basis, and advocate volunteers who are on-call must respond if a call occurs during their shift.

Please note: Caseloads vary and are unpredictable, meaning that some times are busier and slower than others. During slower periods, advocate volunteers can assist with other duties that relate to the Forensic Care & Advocacy program. More information regarding additional assistance will be provided at a later date.

Thank you for your interest in joining Forensic Care & Advocacy at Spectrum Health Lakeland. Your participation will make an everlasting impact on the lives of sexual and physical abuse and assault survivors in our community as they begin the healing process after a traumatic event.

We look forward to working with you!
Forensic Care & Advocacy

Volunteer Requirements

As a Spectrum Health Lakeland volunteer, I agree to the following conditions and terms:

1. I am 18 years of age or older, with no prior criminal background or history.
2. I own or have access to a reliable car or method of transportation.
3. I own or have access to a phone so I will be reachable at any point in time during my shifts.
4. I shall hold, as absolutely confidential, all information that I obtain directly or indirectly concerning patients, physicians, and hospital personnel.
5. My services are voluntarily donated to the hospital without expectation of compensation or future employ.
6. I understand that it is a violation of hospital policy to solicit business of any kind, including acting as an agent for an outside business, or soliciting business from patients and/or staff. I understand that violation of this policy may result in my termination as a volunteer.
7. I shall not sell or attempt to sell goods and/or services, request contributions and/or donations, or solicit people to sign and/or distribute political materials on hospital grounds, unless I receive prior authorization from the manager of volunteer services to engage in these activities.
8. I shall submit to health requirements, which may include tuberculin (TB) skin tests and/or immunizations that may be necessary as part of my volunteer service.
9. I authorize Spectrum Health Lakeland to photograph me and use such photographs for charitable activities, education, marketing, and other such purposes it may deem appropriate.
10. I shall make my best effort to fulfill my commitment to Spectrum Health Lakeland by completing all assignments that I accept.
11. I shall be conscientious, courteous, and punctual; conducting myself with dignity and striving to achieve professional-quality work.
12. I agree to commit to at least one year of service as an AVAS. I understand that my commitment is automatically extended beyond the stated minimum requirement, unless termination is requested.
13. I understand that volunteer services reserves the right to terminate my volunteer status as a result of: Failure to comply with hospital policy, regulations, and/or rules; Four consecutive absences without prior notification, unsatisfactory appearance, attitude, and/or work any other circumstance that, in the opinion of the manager of volunteer services, would make my continued service as an advocate volunteer contrary to the best interests of Spectrum Health Lakeland
15. I agree to inform the supervisor of volunteer services and Alyssa Plimi if I decide to resign my volunteer position and agree to an exit survey. I also agree to return my badge and uniform upon resignation.

By signing this document, you understand and agree to all of the terms stated within this agreement.

Print First and Last Legal Name

Sign First and Last Legal Name Date (Month/Day/Year)

Your signature serves as your acknowledgement of the requirements of the volunteer program at Spectrum Health Lakeland. If you have any questions or concerns, please call the main volunteer office at 269.883.8102. We anticipate that you'll have a positive and rewarding experience.

Statement of Commitment: Advocate Volunteers for Abuse Survivors (AVAS)

I understand that as an advocate volunteer, I must fulfill a minimum of 48 hours of on-call service per month. I also understand that when I'm on-call, I will be available during the entire shift to assist with any crises that may arise. I will make the appropriate lifestyle and/or schedule changes to support my commitment to Forensic Care & Advocacy at Spectrum Health Lakeland. If scheduling conflicts arise that are unavoidable, it is my responsibility to find a replacement AVAS who can cover my shift.

I know that serving as an advocate volunteer will impact my life, as I'll be assisting real-life sexual and physical assault survivors and human trafficking survivors of all ages who have endured a traumatic event.

As an advocate volunteer, I promise to be caring, compassionate, and friendly; performing my advocate volunteer duties to the best of my abilities. I know that what I do here at Spectrum Health Lakeland matters, and that I am valued, and will make a difference in the lives of others.

I know that employee assistive services are available to Spectrum Health Lakeland volunteers and I will make use of this confidential and free service if I begin to experience vicarious trauma or burnout.

By signing this document I agree to the aforementioned terms as presented.

Print First and Last Name Legal

Sign First and Last Name Legal

Date (Month/Day/Year)

Background Check

Berrien County Justice System – Public Access Defendant History Report *Criminal Background Check*

TOP PORTION TO BE COMPLETED BY VOLUNTEER

| | |
|-------------------------|--|
| Name (Last, First): | |
| Social Security Number: | |
| Street Address: | |
| City: | |
| State: | |
| Zip Code: | |
| Date of Birth: | |
| Lakeland Site : | Lakeland Hospital, Niles Lakeland Hospital, Watervliet Lakeland Medical Center, St. Joseph |

STAFF USE ONLY

| | |
|---|--|
| NO RECORD | |
| | |
| Drug Court Record <i>(See Attached)</i> | |
| Signature: | |
| Job Title: | |
| Date: | |
| | |

To Whom It May Concern,

Your name has been given as a reference for an individual wishing to volunteer for the Lakeland advocate volunteer for abuse survivors (AVAS) program. We have enclosed a reference questionnaire for you to complete at your earliest convenience. Please note that the potential volunteer will not begin training until we have received completed references. You may email the completed form or send it to the address below.

Please feel free to contact me by phone at 269.687.1880 or email me at **alyssa.pliml@spectrumhealth.org** should you have any questions or problems in completing this form.

Sincerely,

A handwritten signature in black ink, appearing to read 'A Pliml', with a stylized, cursive script.

Alyssa Pliml, RN, SANE-A, SANE-P
alyssa.pliml@spectrumhealth.org

Lakeland Health Niles
Attn: Alyssa Pliml
31 N. St. Joseph Avenue
Niles, MI 49120
P: 269.687.1880

Lakeland Advocate Program – Volunteer Personal Reference Request

_____ has applied to become an advocate volunteer for Forensic Care & Advocacy at Spectrum Health Lakeland. Your name has been submitted as a personal reference.

Please respond to the following questions. *Answers will remain confidential.*

How long have you known the applicant? _____

What is your relationship to them? _____

Please rate the applicant on the following criteria by writing “Yes,” “No,” or “N/A (Not Applicable):”

1. Is the applicant dependable and reliable? _____
2. Is the applicant punctual? _____
3. Does the applicant work well with others? _____
4. Is the applicant able to work independently? _____
5. Is the applicant honest and trustworthy? _____
6. Do you think this applicant would perform well and be an asset to Spectrum Health Lakeland in assisting sexual or physical assault survivors? _____

What do you think about the applicant providing support to sexual or physical assault survivors by helping them emotionally cope with the trauma they’ve endured while undergoing a forensic examination? _____

Volunteers play a vital role to patients, staff, and visitors at Spectrum Health Lakeland. Thank you for your assistance in the screening process. Please return this completed form by email or mail.

The screening process for this applicant won’t resume until your completed
“Personal Reference Request” has been received.

Your Full Legal Name: _____ Date: _____

Telephone: (____) _____ - _____ Email: _____

Your honest and sincere feedback is important to us. Please feel free to include a separate letter that provides more insight into the aforementioned advocate volunteer. For example, share a story that demonstrates the applicant’s character.

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