YOUNITY

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FORMERLY WOMANSPACE

Dear Prospective Response Team Trainee,

Thank you for your interest in being a Younity (formerly Womanspace) Response Teams of Mercer County Volunteer Advocate.

The Response Teams of Mercer County Advocates are trained volunteers who respond to the police departments and hospitals throughout Mercer County when a victim-survivor is seeking the assistance of an advocate, law enforcement and/or medical care. Our Response Team Advocates sign up for shifts to be able to provide support to victim-survivors in Mercer County 24/7, 365 days per year.

All police departments in Mercer County, including the New Jersey State Police, and hospitals in collaboration with Younity, have developed a program to better serve victim-survivors of domestic violence, sexual assault and strangulation. The role of the Response Teams Advocate is to lend support and provide compassionate listening to the victim-survivor and provide valuable resources, so they can make educated and informed decisions that are best for themselves, in their particular circumstances.

Similarly, the Mercer County Sexual Assault Response Team (SART) initiative was developed to better serve victim-survivors of sexual assault and strangulation through the collaboration of a three-member team. The presence of the Response Teams Advocate complements the roles of the police officer and Forensic Nurse Examiner (FNE) as they focus on their work. Specifically, the advocate provides the victim-survivor with an emotionally supportive presence providing information regarding the SART and/or BREATHE (Strangulation) process and resources for future self-advocacy.

Upon request, and when available, advocates can also accompany a victim-survivor, as a support person, to other appointments including law enforcement meetings, court and follow-up medical procedures.

All Response s members receive approximately 64 hours of training conducted over a seven-week period.

In order to accomplish the goals and objectives of these programs, it is necessary for advocates to have the following qualifications:

- 18 years of age or older
- **Resident of and/or reside within 30 minutes of the Police Stations in Mercer County**
- Valid New Jersey Driver's License
- Available transportation
- Willingness to respond to any police department or hospital ER in Mercer County

- **No criminal history**
- **No prior history as a *defendant* in a sexual assault or domestic violence related matter**
- Ability to communicate well with others
- Good listener
- Sensitivity to a victim-survivor's feelings and concerns
- Desire to help others
    - Available to be on-call *a minimum of two* 6 hour shifts per month
    - Available to complete the initial training and participate in monthly supervisory, peer group, meetings (90 minutes).
- Bilingual individuals and persons fluent in American Sign Language are encouraged to participate in order to assist those victim-survivors who have special language and cultural needs or issues.

*Training will be held on Tuesdays and Thursdays from 6pm-8:30pm and Saturdays from 9am-1pm (and occasionally until 2pm). The first and all Saturday sessions will be held in person. All others will be held via zoom. Training will begin on Tuesday, March 9, 2027 and end on Saturday, April 24, 2027.*

Enclosed is an application to become a Younity Response Team s of Mercer County Advocate. Please complete this application form and return it no later February 25, 2027 to:

**Attn: Varonda Kendrick**
Younity
1530 Brunswick Avenue
Lawrenceville, NJ 08648

**Or scan and email the completed application to**: responseteamstraining@younitynj.org

After your application and signed/notarized release is received, we will schedule an in-person meeting with you. Please note, if accepted into the training, we will complete reference checks and you will be asked to complete a background check/fingerprint check, prior to, or within two weeks after the start of training. If your background check is returned as unsuitable to our goals, you will be removed immediately from training and will no longer be eligible to be a Response Teams of Mercer County Advocate.

**We will begin in person interviews in January 2027.**

You can make an important difference in someone's life. Thank you for your interest in the Younity Response Team of Mercer County program.

Yours truly,

**Varonda Kendrick**, Director of Response Teams & Outreach

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# YOUNITY RESPONSE TEAMS OF MERCER COUNTY
# ADVOCATE RELEASE AUTHORIZATION

**Please have this document notarized prior to submitting your application.**

To: All Courts, Probation Departments, Selective Service Boards, Hospitals, Employers, Educational and other Institutions and Agencies without exception.

I,_____, am making an application to be a Younity Response Teams of Mercer County Volunteer Advocate**.** As a result, an investigation is being conducted to determine my eligibility.

Therefore, you are **authorized to release** to the **designated Police Department** or its representative all information, documentary or otherwise pertaining to me that they may request.

A photocopy of this authorization will be considered as effective and valid as the original.

Signature: _____

Date: _____

Sworn to and subscribed to before me this _____ day of _____, 20___

_____

Notary Public of New Jersey

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# RESPONSE TEAM ADVOCATE APPLICATION

Date of Application _____

_____

Print: Last Name First Middle

List all names you have used including nicknames. If your name has been legally changed, give date, place and court. Explain use of different names.

_____

_____

Present Address:

_____

(Street, City, State, Zip Code) include floor/apt No.; N S E W

How long have you resided here? _____

***If there is not enough space to answer a question, please use the back of the page***

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## PERSONAL INFORMATION

Cell Phone Number: (____) - ____ - ____

Home Phone Number: (____) - ____ - ____

Email address:_____

Date of birth:_____/____/_____

Place of birth: _____ City, State: _____

Social security number: _____

Sex: _____ Eye Color: _____ Hair Color: _____

In the event of an emergency, whom may we contact (name, phone, relationship?)

_____

List in chronological order every place in which you have resided as an adult (within past 5 years).

FROM TO ADDRESS (STREET, CITY, STATE, ZIP CODE)

_____

_____

_____

_____

_____

_____

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## EDUCATIONAL DATA

Highest level of education (please check one):

High School/GED _____

Associates _____

Vocational/Technical _____

Undergraduate _____

Graduate _____

List your proficiency in any language other than English as "slight", "good", "fluent":

| LANGUAGE | SPEAK | UNDERSTAND | READ | WRITE |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
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## EMPLOYMENT

List your two most recent places of employment:

Employer: _____

Job Title: _____

Address: _____

Phone: _____

Dates of Employment: _____

Employer: _____

Job Title: _____

Address: _____

Phone: _____

Dates of Employment: _____

**Younity is a non-profit organization. Part of how we are able to provide excellent services to our victim-survivors is through donations from corporate sponsors. Understanding and respecting the privacy of all volunteers, please choose one of the following options:**

____ I authorize Younity to contact my employer for donations and if asked, it is ok to disclose that I am a volunteer with the agency.

____ I authorize Younity to contact my employer for donations; however, please **do not** disclose that I am a volunteer with the agency.

_____ I would prefer that my employer **is not** contacted

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## COURT RECORD

Were you ever summoned or subpoenaed to a court in a civil action or proceeding, including any incidences of Domestic Violence or Sexual Assault Restraining Orders, in NJ or elsewhere?
YES_____NO_____

Indicate every civil action or proceeding in which you were summoned or subpoenaed, or in which you were a party

_____

_____

_____

_____

Have you ever been arrested and charged with any criminal violation?
YES_____ NO_____
If "yes", give date, place, charge, disposition and details:

_____

_____

_____

_____

Have you ever been arrested, charged, or summoned with any offense including but not limited to domestic violence, sexual assault, disorderly persons offenses, (i.e., public intoxication, D.U.I.), Township Ordinance, as an adult or as a juvenile?
YES_____ NO_____
If "yes", give date, place, charge, disposition and details:

_____

_____

_____

_____

Do you have any prior involvement or experience with Domestic Violence or Sexual Assault, either as a victim or an accused?

YES_____ NO_____

If "yes", give specific details:

_____

_____

_____

_____

(Attach additional pages if needed)

Have you ever had any legal action taken against you?

YES_____ NO_____

If “yes” give any pertinent data:

_____

_____

_____

Have you ever been fingerprinted? (excluding this application process)

YES_____ NO_____

If “yes” list when, where and purpose:

_____

_____

_____

Is there anything in your background and history that would preclude you from working alongside law enforcement, the judicial and/or health care systems?

YES_____ NO_____

If "yes" explain:

_____

_____

_____

**DRIVING RECORD**

Current Driver's License Number:_____

State: _____

List all motor vehicles registered to you or that you have access to:

Year / Make / Registration / Insurance Policy Number / Owner & Address

_____

_____

_____

Has your driver's license or vehicle registration ever been suspended, revoked, or have you ever been refused a driver's license in NJ or any other State or Territory?

YES_____ NO_____

If "yes" explain:

_____

_____

_____

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**REASON FOR APPLYING TO BE AN ADVOCATE ON THE YOUNITY RESPONSE TEAMS**

How did you hear about the Younity Response Teams of Mercer County?

What, if any, has been your experience in domestic violence, sexual assault or strangulation?

What special skills, interests, or experience do you have which would contribute to your involvement in domestic violence and sexual assault support and services?

Explain your reasons for applying to be an advocate on the Younity Response Teams of Mercer County:

How do you feel about working in an environment that deals with sensitive issues such as incest, reproductive choice, sexual orientation, domestic violence, and sexual assault?

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Volunteering as an Advocate involves time and energy. Are you willing to commit to attend the 64 hour mandatory training, required monthly 90-minute Peer Group meetings and occasional associated events?

YES_____ NO_____

I understand that my service as a Younity Response Teams of Mercer County Advocate will be contingent upon the results of processing this application, and I am aware that willfully withholding information or making false statements on this application will be the basis for dismissal from the Younity Response Teams of Mercer County. I hereby certify that all statements made by me on this application are true and complete, to the best of my knowledge.

_____ _____

Signature of Applicant: Date: