SAPA is part of the Department of Sexual Aggression Services

Dear Applicant,

Thank you for your interest in the SAPA (Sexual Aggression Peer Advocate) Program at Central Michigan University. SAPA members are CMU students who are highly trained in helping those who have been affected by domestic violence, intimate partner violence, harassment, sexual assault and/or stalking. Please read this cover letter completely before you proceed with this application.

If you decide to continue with the written application, please detach this letter and keep it for future reference.

Minimum Qualifications:

- 1 year commitment (2 years preferred)
- Plans to be an enrolled CMU student, non-first year freshman, beginning the Fall 2024 semester.
- Submission of information for a criminal background check performed by CMU & the State of MI.
- Ability to attend <u>all</u> 52+ hours of the 2024 Fall Training: September 6-8 and 13-15
- Ability to attend weekly Monday night meetings at 10pm beginning in mid-September 2024
- Ability to attend an 8-hour spring training in mid-January 2025 (date tbd)

Selection Process:

- Submit an application: Due no later than Friday, **February 23**, 202**4**.
 - o Preferred turn in method is for applications to be submitted electronically via email to either sapa@cmich.edu or scudd1ma@cmich.edu
 - o Applications may also be submitted in a sealed envelope to the Sexual Aggression Services Office in Foust Hall 150 (if the door is closed, you may slide your application under the door)
- Application review: Completed by current and former Sexual Aggression Services (SAS) Administration
 - o Applications are held in strictest confidence. No current SAPA members will review this application.
 - o Nothing is required from applicants for this part of the process
- Mar. 18-22, 2024: Applicants participate in a 20 minute application review with SAS Administration
 - o Each applicant will be emailed information regarding the sign-up process and available times
 - o SAPA Administration will provide the Employee Verification Form (used to complete a background check) to be completed at this time. If you have lived outside of the state of MI, please be ready to provide your Social Security Number.
- Mar. 23, 2024: Applicants participate in a 90 minute interview process with SAPA members
 - o Each applicant will be emailed information regarding the sign-up process and available times
 - o Interviewers will consist of current and alumni SAPA members

Again, thank you for your interest in SAPA and if you have any further questions, please contact us at sapa@cmich.edu.

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I. PERSONAL DATA
1) Name: (full legal first, middle and last name)
2) Chosen Name (optional):
3) Pronouns (optional):
4) Local Address:
5) Home Address:
6) Cell Number(s):
7) Is it ok to text cell number(s) listed: Yes No
8) Email(s): (Please list email(s) you check consistently as we will send updates/info to the email(s) listed)
9) How did you hear about us? ☐ From a SAPA ☐ Social Media ☐ Interest Sign-up Sheet ☐ Website ☐ At a SAPA Event or Program ☐ Other
10) Have you applied to SAPA before? ☐ No ☐ Yes (If yes, which year:)
II. EDUCATION
1) Current standing in school: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate
2) Semester and year, you expect to graduate: 3) Overall GPA:
4) Major: Minor: Graduate Program:
III. TIME COMMITMENTS
1) List any known or possible time commitments you expect to have next fall and spring semester (on and off campus employment, organizations, volunteer activities, internships, meetings, etc.):

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IV. SELF RATING Please rate yourself 1-10 (1 is low and 10 is high) for each specific item listed below:
Assertiveness: Verbal communication abilities: Emotional well-being:
Time management skills: Stress management & coping skills:
Ability to balance personal and academic life: Self-esteem:
Ability to work with different views from your own: Conflict management skills:
Comfort level with topics related to sexual aggression:
V. CONFIDENTIAL INFORMATION As a reminder, only members of the application selection committee, which does not include current SAPA membe will have access to the information provided.
Please type your answers to the following questions and attach to your completed application:
1) Please indicate the reasons you would like to serve as a sexual aggression peer advocate and what do you think the role of a peer advocate involves?
2) Indicate what you hope to gain and contribute by becoming a SAPA member?
3) Explain your personal weaknesses and how they could affect your role as an advocate?
Please indicate how you would like to answers questions 4-6 below:
I will be answering the questions in writing & attaching them prior to my Application Review I would prefer to only answer these verbally during my Application Review
4) Which, if any, of the following have you experienced?
☐ Sexual Assault (as a minor) ☐ Sexual Assault (as an adult) ☐ Childhood Sexual Abuse
□ Domestic Violence □ Intimate Partner Violence □ Stalking □ Harassment
□ Victim of a Crime □ Victim of Trauma
5) If you identified with any of the experiences in question 4, please explain how you were impacted by the experience(s). How might your experience(s) affect your role as a SAPA member?

6) Do you know anyone who experienced any of the situations described in question 4? If so, how were you impacted by their experience(s)? How might their experience(s) affect your role as a SAPA member?

7) Indicate any questions or concerns you have about being a SAPA member.

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VI. VALUES

1. Please **select** your top 5 value**s.**

Accountability:	Adaptability	: Atti	tude:	Awareness: _	Balance:		
Mentoring:	Commitment: _	Confli	ct Resolution:	Сооре	eration:		
Ease w/ Uncertain	ty: Initia	tive:	Communication	on: Re	eliability:		
Leadership:	Involvement: _	Comp	assion:	_ Continuous	Learning:		
Dialogue:	Courage:	Listening: _	Frien	dships:	Humor:		
Making a Difference: Teamwork: Openness: Community:							
Ambition:	Caring:	Competence:	Cre	ativity:	Enthusiasm:		
Efficiency:	Ethics:	Fairness:	Stability	y: Forg	iveness:		
Health: H	Honesty:	Humility:	_ Indepen	idence:	Integrity:		
Patience:	Perseverance:	Profess	ional Growth:	Perso	nal Fulfillment:		
Personal Growth:	Respect:	Resp	onsibility:	Safety: _	Trust:		
Vision: V	Vell-Being:	Wisdom:	Self-Di	iscipline:	Grit:		
Other:							

2. Please provide a typed and brief explanation as to why you selected these values. <u>Answer should be no longer than half a page</u>.

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1. I believe that all of the information I provided on this application is truthful to the best of my

knowledge. Additionally, I agree to complete and sign an Employee Verification Form for purposes of a

VII. CLOSING REMINDERS

background check.		
(Print Name)		

(Signature and Date)

- **2.** Turn in your completed application send via email to sapa@cmich.edu or scudd1ma@cmich.edu or printed with attachments in a sealed envelope to Foust Hall 150, Sexual Aggression Services office. (Slide under door if door is closed).
- **3.** If selected you must be available to attend an application review with SAS Administration and an interview process with current and alumni SAPA members. You will be contacted via email to set up a time for your interview. If selected for fall training, you must also attend both weekends of the 52+ hour training program that will take place in the Fall of 202**4** and the 8-hour training that takes place early spring semester 202**4**. No exceptions will be made. The dates of the two weekends are September **6-8** and the 1**3-15**, 202**4**. The spring 202**5** training date is TBD.
- **4.** All members are required to attend weekly Monday meetings at 10:00 pm.
- **5.** Remember to detach the cover letter and keep for future reference.

Thank you for your interest in the Central Michigan University
Sexual Aggression Peer Advocate Program.
Please email sapa@cmich.edu or call the SAS Director at (989) 774-6677 or email scudd1ma@cmich.edu, if you have any questions about the SAPA program.