Dear Applicant,

Thank you for your interest in the Sexual Aggression Peer Advocate (SAPA) Program at Central Michigan University. SAPA members are CMU students who are highly trained in dealing with survivors, friends, and family members of sexual aggression. This program has received national attention due to the commitment and level of training that each advocate possesses. 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. Applications may also be downloaded at www.sapa.cmich.edu and either emailed to sapa@cmich.edu, given to a SAPA member, or turned in to the Office of Student Affairs. This application is due no later than 5:00pm on February 27, 2015.

Because of the amount of time that is needed to train each advocate, a commitment of two years is strongly preferred but not required. You will be required to attend mandatory Monday evening meetings. These meetings are held at 10:00 p.m. each Monday and run approximately one hour.

This written application is the first of three steps in the selection process. The members of the application selection committee will be the only ones with access to the information you provide and all information will be held in strictest confidence. No information you provide will be accessible to the entire SAPA organization. This committee consists of the Sexual Aggression Services Director, Graduate Assistant, and the SAPA Dedicated Counselor.

Based on your application, if selected to move forward you will need to be available to attend a group interview session. The interview process will take place March 27th-28th, 2015. If selected, you will be contacted with your interview time and further information regarding the interview process.

If selected for training, you will be required to attend 52 hours of training at the beginning of the 2014 Fall Semester. This training will take place over two weekends and you must attend the entire training, no exceptions will be made. The dates for Fall of 2015 will be September 11th-13th and September 18th-20th.

Again, thank you for your interest in SAPA and if you have any further questions, please contact us at sapa@cmich.edu or (989) 774-2871.
Application for Central Michigan University’s Sexual Aggression Peer Advocate Program
A Program Developed by the CMU Counseling Center & Sexual Aggression Services

I. PERSONAL DATA

1. Name: ___________________________ ___________________________ ___________________________ (Last) (First) (Middle Initial)

2. Local Address: __________________________________________________________________

3. Home Address: __________________________________________________________________

4. Telephone Numbers: (______)_________ (______)____________________
   (Local/Cell) (Permanent Home/Cell)

5. Email Address: __________________________________________________________________

6. How often do you check your email? _____________________________ _____________________________

II. EDUCATION

1. Current semester in school: □ Freshman □ Sophomore □ Junior □ Senior □ Grad Student

2. Semester & year you expect to graduate: ____________________________________________

3. Overall GPA: __________

4. Major: __________________ Minor: __________________ Graduate Program: ________________
III. PERSONAL INFORMATION

1. Please rate yourself from 1-10 (1 is low and 10 is high) in each area listed below.

   Self-esteem: _______  Assertiveness: _______

   Verbal communication abilities: _______  Stress management & coping skills: _______

   Comfort level with topic of sexual assault and aggression: _______

2. List other time commitments and organizations you presently have in addition to your academics (i.e. work, group meetings, volunteer activities)

   ________________________________________________________________

   ________________________________________________________________

   ________________________________________________________________

   ________________________________________________________________

   ________________________________________________________________

3. Are you available to be on-call:

   **Weekends:**  □ Yes  □ No  **Weekdays:**  □ Yes  □ No

   Explanation (if any): ______________________________________________

   ________________________________________________________________

   ________________________________________________________________

   ________________________________________________________________

   ________________________________________________________________
IV. CONFIDENTIAL BACKGROUND INFORMATION:

As a reminder, members of the peer advocate selection committee will be the only people to review information you provide on this application.

PLEASE TYPE YOUR ANSWERS TO THE NEXT 9 QUESTIONS AND ATTACH IT TO YOUR COMPLETED APPLICATION.

1. Please indicate reasons you want to serve as a peer advocate and what do you think the role of a peer advocate involves?

2. Indicate what you hope to contribute and gain by serving as a peer advocate.

3. Detail your personal weaknesses and how they might affect your role as a peer advocate.

4. Which (if any) of the following situations have you experienced?
   - Sexual Assault
   - Molestation
   - Victim of a Crime
   - Domestic Violence
   - Stalking
   - Victim of a Traumatic Situation
   - Coerced to Have Sex Against Your Wishes
   - Intimate Partner Violence

5. If you experienced any of the situations listed in question #4, please describe how you dealt with your experience(s). How do you feel this might help and/or interfere with your role as a peer advocate?

6. Do you know anyone who has experience trauma related to domestic violence, intimate partner violence, sexual assault, and/or stalking? If yes, how have you been impacted?

7. What are your feelings towards attending professional counseling sessions, for yourself & others?

8. Describe your friendships and/or support systems.

9. Indicate any concerns or questions you have about serving as a peer advocate.
V. CLOSING REMINDERS

1. I believe that all the information provided on this application is truthful to the best of my knowledge. Additionally, I agree to a release of information for background-check purposes.

___________________________________________________________________________
(Print Name)

___________________________________________________________________________
(Signature) (Date)

2. **Put your completed application in an envelope and turn it in to the Office of Student Affairs (located in Ronan), to a SAPA advocate, or send via email to sapa@cmich.edu.**

3. If selected, you must be available to attend a group screening session as a part of the interview/selection process. You will be contacted to set up a time for your interview, if your application has advanced to the interview phase. If selected for training, you must also attend both weekend sessions of the 52-hour training program that will take place in the Fall of 2015. No exceptions will be made. The dates of the two weekends are September 11th-13th and the 18th-20th.

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 call (989) 774-2871 or email sapa@cmich.edu if you have any questions about the program.*