

STUDENTS TOGETHER OFFER PREVENTION (STOP)

STOP Program Application

Full Name: _____

Student ID #: _____

MUN Email: _____

Campus: _____

Program of Study: _____

Program Level: undergraduate graduate certificate or diploma

Program Year: 1 2 3 4 4 +

Please describe the following:

1. What interests you in volunteering with the Sexual Harassment Office?

2. The experiences you have (volunteer, work, education, training) that will support you in this volunteer role.

3. Your self-care and wellness routines, skills and strategies. How will they support you in this role?

4. Your understanding of sexual violence.

5. Your understanding of trauma-informed work and harm reduction.

6. Your understanding of the Sexual Harassment Office activities.

Please circle your answer to the following questions:

7. Are you able to commit to this program for one academic year?

Yes No

8. Are you able to commit 40 hours of volunteer service to the program, including attending a volunteer meeting monthly? (Meetings will be held biweekly, each volunteer must attend one of the two meetings each month.)

Yes No

Please check the box if you agree with the following statements:

9. You understand that you will be required to sign and adhere to a confidentiality agreement. This must be signed and submitted before being able to participate in volunteer activities.

Yes ☐

10. You understand that you must attend all training sessions (in person and virtually) before being able to participate in volunteer activities.

Yes ☐

11. You can provide or apply for a vulnerable sector check.

Yes ☐

Additional information:

12. Please share 2-3 sentences about yourself.

13. Is there anything additional you would like the Sexual Harassment Office staff to know at this time?
