

Women's Resource Center Advocacy Training

What is an Advocate?

What does Advocacy Mean?

Many people know that since 1978, the Women's Resource Center has been providing advocacy and other services for battered women and sexual assault survivors. The Webster's Dictionary defines advocacy as "one that pleads the cause of another, one that defends or maintains that cause, one that pleads in favor of another or supports another." Although definitions are plentiful, we would like to tell you, in practical terms, what advocacy means to us and to the women we work with.

- ❖ It sometimes means being woken up in the middle of the night and having to leave your home to go to the Law Enforcement Center or a safe public place to speak with someone whose partner has just been arrested for assaulting her/him.
- ❖ It means offering support and information, answering questions, and calming fears, shame and pain.
- ❖ It sometimes means sitting in the emergency room of the hospital with a sexual assault victim while the victim undergoes a rape examination or while they give a statement to the police.
- ❖ It means being with a mother whose child has been sexually or physically assaulted and assisting them as they go through the child protection and criminal justice processes.
- ❖ It means constantly challenging your own values, assumptions, prejudices, and biases.
- ❖ It means losing sleep, and gaining knowledge of how things are.
- ❖ It means exhaustion, frustration, shock, anger, sadness, and confusion. It also means healing, understanding, satisfaction, and peace.
- ❖ It means knowing that because of you and your efforts some women, men, and children are safer, freer, and happier; it also means that regardless of your strongest efforts, other women and children are not.
- ❖ It means your work has given hope and strength to survive; it means knowing there is always more to do.

The Women's Resource Center offers a 45-hour training for advocates in the spring and fall of each year. Applications can be obtained by calling the WRC at 452-4440. Battered women, sexual assault survivors, women of color, lesbians, people with disabilities, men and older women are especially encouraged to apply.

Women's Resource Center of Winona

Mission Statement and Affirmative action statement

Mission Statement: The Women's Resource Center functions to create a reality which recognizes the equality of women in all aspects of life, including economic independence, freedom from violence, and equal access to and power in the political process. We recognize and advocate women's rights to self-determination and self-direction, and the end of all forms of oppression of women and children.

Affirmative Action Statement: The Women's Resource Center of Winona is committed to eliminating sexism, racism, classism, ageism, homophobia, and discrimination against the disabled and survivors of domestic violence and sexual assault. We believe that affirmative action involves more than policies and procedures to recruit, hire, and maintain participation of members of various target groups. Affirmative action also means creating an organizational climate, which eliminates discriminatory ideas and encourages people from these specific populations to choose to work here and participate in our programs.

Equal employment opportunity and affirmative action will be applied in recruitment, hiring, compensation, fringe benefits, staff development, promotion, and other conditions of employment regardless of race, color, national origin, gender, sexual orientation, physical disability, age, religion, or class. We will regularly evaluate our policies and practices both formal and informal and change those that are discriminatory. We will expect that all board members, staff, advocates, and volunteers are aware of and participate in our affirmative action plan.

Advocate Policies

Advocate Training and screening process

1. Applicant fills out and submits application packet before training begins.
2. Applicant participates in orientation meeting with staff.
3. Applicant signs notification of policies form.
4. Advocate Coordinator does reference check on applicant.
5. Applicant successfully completes training (includes: reading of manual and demonstrates understanding of and ability to use skills and theories addressed in training.)
6. Applicant attends all advocate meetings.
7. Applicant informs WRC staff member if they are going to be late or have to leave early from a training session before that night of training.
8. Applicant will inform Advocate Coordinator and/or Director if they have any problems with other advocates, staff members, clients, or board members.
9. Advocates will refrain from using alcohol and other substances while on duty.

Advocate Job Description/Responsibilities for Crisis advocate

1. Schedule at least 3 shifts per month to be on call.
2. Pick up the cell phone by 4:00pm on scheduled on-call days.
3. Make arrangements to be available during the hours scheduled (i.e. have childcare, transportation, etc.)
4. If you are unable to be on call, call the Advocate Coordinator at least one day in advance so she can make other arrangements with other advocates.
5. Do not switch cell phones without letting WRC staff members know. There are new clients, information, and cheat sheets daily that you need to know about to better assist clients.
6. Answer all calls when you are on call. If you miss a call, call the ER/Law Enforcement back right away. If you are busy with another client, call the back up person for assistance and/or the staff member.
7. When called, serve as a crisis intervention advocate. Provide support, planning, education and referrals.
8. Communicate with staff members on call regarding **all** interactions with clients. Leave a message on WRC answering machine regarding client information, arrests, and follow up needs.
9. Adhere to WRC policies, principals, and procedures when working with a client.

WRC Advocate Application
(Confidential)

Name: _____

Local Address:

Home phone: _____ Work/other phone: _____

Email Address: _____

Birhtdate: _____ (year not necessary)

Occupation: _____

If Student, where: _____

Year in school: _____

Major: _____

Do you speak more than one language? _____

If so, what language? _____

1. How did you hear about the Women's Resource Center?

2. Why are you interested in volunteering?

3. What characteristics or experiences do you have that will aid in doing advocacy?

4. What are you feelings about the issue of sexual assault?

5. What are your feelings about the issue of domestic violence?

6. What do you think the causes of domestic violence are; what do you think will stop it?

7. What does the role of “advocate” mean to you?

8. Why do women stay with their batterers or go back to them after they have left?

9. What does cultural diversity mean to you?

10. Have you ever had to deal with situations that involve culturally diverse problems? If so, explain how you handled them.

***If you need more space to answer your questions, please use the back of the form.**

(Please fill out and return the above form to the Women's Resource Center before training begins!

Reference Check

The Women's Resource Center deals with a variety of controversial issues and adopts non-traditional and social activist approaches in dealing with those issues. We have discussed with you our policies on reproductive rights, affirmative action and confidentiality. Do you foresee problems or obstacles in working with our philosophies, procedures, or policies as you see them? _____

Can you make a commitment for one year? _____

Can you make a commitment of three days per month? _____

Please list three references (**not relatives**) that you have known for at least one year that may be contacted by the Women's Resource Center.

Name	Phone
1. _____ _____	
2. _____ _____	
3. _____ _____	

I understand the philosophies and the mission statement of the Women's Resource Center and I understand the nature of the advocate work that I will be undertaking. I will treat my responsibilities as a volunteer advocate with the same respects as I would a paid position. I will safeguard the rights of every client by ensuring complete confidentiality. I understand if my work is deemed unsatisfactory, I may be asked to discontinue my work with the agency.

In turn, the Women's Resource Center agrees to provide advocate training as mandated by the state of Minnesota. The Women's Resource Center will also provide the advocate an opportunity to learn, develop, and utilize advocacy skills. The Women's Resource Center will document the advocate's work and make available letters of recommendation or evaluations upon request.

Signature: _____ Date: _____

Women's Resource Center
77 East 5th St
Winona, MN 55987
Phone: 507.452.4440
Fax: 507.452.9518

Request for Criminal History Information and Consent to Release Information

Law Enforcement Agency Information:

To: _____ (Agency Name)
_____ (Address)
_____ (City, State, Zip)

From: Women's Resource Center

Last name of Applicant (please print): _____

First name (please print): _____

Middle (full, please print): _____

Maiden, Alias, or Former Name(s) (please print): _____

Address 1: _____

From-To Dates: _____

Address 2: _____

From-To Dates: _____

Date of Birth: _____ **Social Security #** _____ **Sex (M/F):** _____

I, the above named applicant to the Women's Resource Center, hereby give my permission to the above named agency to disclose any criminal record information available on me to the Women's Resource Center for the purpose of evaluating my potential as a participant in the Women's Resource Center organization.

I understand that this information will be shared only with the Women's Resource Center staff, their board, and with State funding agencies.

I have been told of my right to refuse to release this information and that if I do refuse, the Women's Resource Center will be unable to act upon my application.

I understand that I may revoke this consent upon written notice, unless the information has already been released. The expiration of this authorization shall be one year from the date of my signature or when activities I have authorized the Women's Resource Center to perform are complete, whichever comes first.

Signature of Applicant

_____ Date _____