Day One

Hope. Healing. Action!

One Voice Survivor Advocacy Group is an advocacy group for survivors of sexual violence who are interested in generating awareness about and reducing the prevalence of sexual assault and child abuse through public speaking and advocacy. One Voice is neither counseling nor a substitute for counseling.

Confidentiality Statement: I understand that as a participant of One Voice, I must hold all shared information in confidence and that violation of this confidence may result in dismissal from group.

Name: _____ Date:_____

Date of Birth:_____

Street Address:_____ Apt/Unit/Suite #_____

City:_____ State:_____ Zip:_____

Day Phone: _____ Evening Phone:_____ Cell Phone:_____

Email:_____ Fax:_____

Date of last victimization:_____

Type of victimization:_____

Are you currently involved in the criminal justice system regarding this victimization?_____

Please circle your preferred method of contact:

❍ Email ❍Day Phone ❍Evening Phone ❍Cell

Are you bilingual? Y N

If so, what languages are you fluent in? _____

How did you learn about One Voice? _____

Why do you want to participate in One Voice Survivor Advocacy Group?

_____

There are many ways that survivors can participate in One Voice. Please check all opportunities you feel you might be interested in:

❍ Media Interviews ❍ Educational Programs ❍ Legislation Testimony
❍ Public Policy ❍ Expressive Arts ❍ Program Development

Other:_____

What, if any, public speaking experience do you have (previous public speaking experience is not required)?

_____

_____

What are the ways that you take care of yourself when you are under stress?

_____

_____

References:
Please list two people who we may contact to assess your readiness for this training. You may include only one family member. *(If you have any concerns or questions about our need for references please feel free to contact us directly.)*

Name	Relationship to you	Years Known	Phone #
1.			
2.			

Please return this application to info@dayoneri.org or mail to:

Day One
100 Medway Street
Providence, RI 02906

If you have any additional questions about One Voice, please call 401-421-4100.Thank you for your interest!