



Affiliate Application

Please fill out the entire application and verify each section before submitting.

Note: Information marked with an * will be used on the organizations page at www.centers.rainn.org

Organization's Contact Information

*Organization Name	
Mailing Address	
*City, State, Zip Code	
*Counties the organization serves	
*Business Phone Number	
*Organization's Website	
CEO/Executive Director's Name	
CEO/Executive Director's Email Address	

Primary Contact's Information

Executive Director or Manager

Name	
Title	
Contact Phone Number	
Email Address	

Secondary Contact's Information

Volunteer Coordinator or Manager

Name	
Title	
Contact Phone Number	
Email Address	

Hotline Information

*Hotline Phone Number (Please note: you must list a direct-dial number, not a toll-free number. This is the number the NSAH will be routed to.)	
*Toll-Free Hotline Number (Please note: this number will be displayed on the RAINN website, but we cannot route the NSAH to this number.)	
What percentage of the hotline calls you receive are related to sexual assault?	
Does the hotline operate 24 hours a day, 7 days a week?	
If yes, is the hotline answered by your staff/volunteers 24/7, or is it routed to another organization after hours? Please describe.	
Does the organization provide chat or web-based services? If yes, please describe.	
Are criminal background checks conducted on all staff and volunteers?	
Does the organization have a written policy stating compliance with states' mandatory reporting laws?	

Information on Services

Are there any eligibility requirements for that someone calling your hotline must meet to use your services. Please describe in 1-2 sentences below.

Does your organization provide services to male survivors? Please describe.

Are there any specific populations that your advocates have expertise in assisting?

What services do you offer in Spanish?

Do you offer services in any other language? If yes, please describe.

Are translators available over the phone and/or in person? Please describe.

What kinds of accommodations is your center able to make for survivors with disabilities? Please describe.

What services are available for deaf and hard of hearing survivors?

Please list all of the counties you serve:

Staff Training

How does the organization train their staff and volunteer counselors/advocates to meet the diverse needs of sexual assault survivors?

How many hours are required/provided?

Did a mental health professional design the training?

Does your center require advocates to have specific training in supporting survivors with disabilities?
If yes, please describe:

Please describe any staff/volunteer training that addresses the needs of lesbian, gay, bisexual, and queer sexual assault survivors

Please describe any staff/volunteer training that addresses the needs of transgender and non-binary sexual assault survivors

Please describe any staff/volunteer training that addresses the needs of sexual assault survivors with mental health conditions

How often do you require staff to complete continuing education or refresher trainings? Please describe.

Collaboration with the State Coalition

Is the organization a member of the state coalition? If no, please explain.	
How long has the organization been a member of the state coalition?	
Is the organization in compliance with state, county, and local statutes and regulations governing your operations?	
Is the organization affiliated or certified by any other organizations or accrediting bodies, such as the National Children’s Alliance or Tribal Coalitions?	

*Are the organizations staff/volunteers trained to provide services to any of the following populations?

- Children
- Adolescents
- Older Adults

- Men
- Survivors of military sexual trauma
- Transgender/Non-binary/Two-Spirit

- LGB/Queer
- Spanish speakers
- Non-English or non-Spanish speakers

- Students
- Adults abused/ assaulted as children
- Intimate partner violence/domestic violence

- Deaf and Hard of Hearing
- Adult incest survivors
- Cyber crimes

- Harmful traditional practices
- Sexual harassment
- Human trafficking

*Please indicate below what services are offered by your organization:

- | | | |
|----------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> 24 Hour Hotline | <input type="checkbox"/> Case Management | <input type="checkbox"/> Child Advocacy Center |
| <input type="checkbox"/> Community Education | <input type="checkbox"/> Counseling/Emotional Support | <input type="checkbox"/> Crime Victim Assistance Advocacy |
| <input type="checkbox"/> Career Services | <input type="checkbox"/> Emergency Transportation | <input type="checkbox"/> Emergency Shelter |
| <input type="checkbox"/> Financial Education | <input type="checkbox"/> Hospital Accompaniment | <input type="checkbox"/> Legal Advocacy |
| <input type="checkbox"/> Local Referrals | <input type="checkbox"/> Medical Attention/Evidence Collection | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Online Chat | <input type="checkbox"/> Online Support Groups | <input type="checkbox"/> Parent Support Services |
| <input type="checkbox"/> Peer Support Groups | <input type="checkbox"/> Safety Planning | <input type="checkbox"/> Safety Programming for Children |
| <input type="checkbox"/> Sign-Language Interpreters | <input type="checkbox"/> Survivor Support Groups | <input type="checkbox"/> Substance Use Support |
| <input type="checkbox"/> Support Groups for Loved Ones | <input type="checkbox"/> Talking Circles | <input type="checkbox"/> TTY/Video Phone |
| <input type="checkbox"/> Wheel-Chair Accessible Facility | <input type="checkbox"/> Youth Support Groups | <input type="checkbox"/> Financial Education |

We are excited about your interest in affiliating with RAINN. Below, please share with us why you are interested in partnering with RAINN and how RAINN can assist the organization's efforts to support survivors of sexual violence:

RAINN Confidentiality Policy

Obligations of RAINN

RAINN commits to making every effort to ensure the anonymity of every caller to its hotline. When a call is placed to RAINN's hotline, only the area code and exchange of the caller will be captured. The caller's phone number will not be captured.

It is RAINN's expectation that, because we do not retain the phone numbers of callers, our records will be of little interest to court proceedings. Nevertheless, should our call records be subpoenaed, RAINN commits to using legal means at our disposal to fight such a subpoena.

Obligations of participating rape crisis centers

RAINN expects that participating centers will respect callers' rights to confidentiality and will adhere to a confidentiality policy that includes the following items.

- A caller will never be pressured into revealing their identity.
- Victim records will not be released without the consent of the victim, except when a center is obligated by law.
- Reports of the assault will be made to police or other agencies only with the client's consent, except when a center is obligated by law to report the attack.

I affirm that, as an affiliate organization, my organization will adhere to the confidentiality policy above.

Executive Director/CEO's Initials: _____

Date: _____

RAINN Non-Discrimination Policy

RAINN and its affiliated centers shall not discriminate against any individual for reasons of race, color, creed, religion, sexual orientation, gender identity, national origin, sex, age, language, disability or political party identification. Accordingly, equal access to employment opportunities and services is extended to all persons.

I affirm that, as an affiliate organization, my organization will adhere to the non-discrimination policy above.

Executive Director/CEO's Initials: _____

Date: _____

Affiliate Terms of Service

Below is an outline of what services RAINN offers affiliate organizations and what RAINN requires their affiliates provide to survivors of sexual violence.

RAINN will Provide to All Affiliates:

- Promotion of the affiliate's services: RAINN offers the opportunity for affiliates to list their services for victims and survivors and volunteer opportunities on the RAINN website (rainn.org). In addition RAINN partners with media outlets to promote the National Sexual Assault Hotline (NSAH).
- Access to Promotional Materials: RAINN offers web based promotional materials as needed. Affiliates can also promote the NSAH in their local promotion. Promoting this number ensures an affiliates ability to target survivors in their region.
- Hotline Reports: RAINN provides affiliates with bi-annual reports detailing the number of calls routed to the organization from the NSAH.
- Access to support: The NSAH Affiliate Coordinator is available to assist affiliates with concerns and questions related to local and national issues.
- Access to online trainings: RAINN provides access to online trainings for staff and volunteers.
- Quality assurance of the NSAH: RAINN staff will follow-up with all concerns expressed by callers and centers in a timely manner.

Affiliates will:

- Provide services via a 24-hour hotline: Affiliates will ensure their hotline number is answered 24-hours a day, 7-days a week, 365 days a year by trained paid or non-paid staff. Affiliates agree to provide free, confidential hotline services to all callers.
- Provide services to survivors without discrimination: Affiliates agree to adhere to RAINN's discrimination and confidentiality policies.
- Notify RAINN of changes to services: Affiliates agree to provide RAINN with a 30-day notice if they anticipate any change to their hotline services.

By Signing below and submitting this application affirm that all answers state in this application are true; that your organization provides free, or low cost, services to all survivors of sexual assault without discrimination on any basis; and that you will abide by the confidentiality policy.

Name of CEO/Executive Director (please print): _____

Signature of CEO/Executive Director: _____ **Date:** _____

Please return completed application to the RAINN NSAH Affiliate and Resources Manager:

Email: MiaN@rainn.org

Fax: 202.544.3556, Mail: RAINN 1220 L St NW, Suite 500, Washington, DC 20005

Questions? Call the NSAH Director at: 202-751-3220