Employment Application Packet

Thank you for your interest in working for the DOVES Program!

We are seeking a dynamic, compassionate and motivated individual to fill a **Client Advocate** position in our **Gering office**.

Applications will be reviewed as they are received.

Anticipated Start Date: October 2, 2015

Please carefully review the information below to ensure you meet the qualifications. Only completed applications will be considered.

**The DOVES Program**

The DOVES Program believes that every person has the right to feel safe, live free from abuse, and expect healthy relationships. DOVES’ mission is to ensure our empowerment-based and strengths-centered services are available and accessible to anyone who has experienced or been affected by domestic, dating and sexual violence and stalking.

The DOVES Program – one of 20 Domestic Violence/Sexual Assault Programs in Nebraska – provides services throughout Scotts Bluff, Cheyenne, Morrill, Kimball, Banner, Box Butte, Dawes, Sheridan & Sioux Counties in the Nebraska Panhandle.
We offer the following free and confidential services throughout our 12,000 square mile service area:

- 24-hour Assistance
- Immediate, Ongoing & Long-Term Support
- Emergency Safe Shelter
- Housing Assistance
- Assistance with Protection Order Applications
- Court System Information & Support
- Immigration Assistance
- Attorney Referrals
- Transportation Assistance
- Medical Advocacy
- Emergency & Short-Term Financial Assistance
- Food Pantry
- Emergency Cell Phones
- Support Groups
- One-on-One Support Sessions
- Connections to other Community Agencies
- Community Awareness and Education
- Prevention

Job Description
The Client Advocate will work directly with survivors of domestic violence, dating violence, sexual assault and stalking.

She/he will:

- Maintain the highest standard of confidentiality
- Provide direct services via our 24-hour help line
- Provide direct services via face-to-face interactions
- Provide clients with safety planning and information about civil and/or criminal justice system
- Respond to requests for advocacy from law enforcement and health care professionals
- Assess the need for additional services and make appropriate referrals in-house and to other community resources
- Advocate on behalf of clients with other community agencies
- Facilitate Support Group(s)
- Complete client paperwork & computer work
- Communicate shift activities to other staff
- Actively participate in staff meetings and other agency-wide training & personal development opportunities
- Attend out-of-town and out-of-state conferences
- Travel, on a regular basis, throughout Scotts Bluff, Cheyenne, Morrill, Kimball & Banner Counties
- Travel, as needed, throughout Box Butte, Dawes, Sheridan & Sioux counties
- Complete other tasks as assigned

Qualified applicants will meet the following requirements:

- Bilingual in Spanish and English strongly preferred
• Excellent communication skills
• Superior customer service skills
• Extensive computer skills
• Sound judgment, strong interpersonal skills and professionalism
• Ability to work with diverse groups of people
• Enthusiasm and a positive attitude
• High school diploma/GED
• Valid driver's license
• Safe & reliable transportation
• Current car insurance
• Cell Phone
• Ability to pass criminal background check & CPS/APS background check

Wages & Benefits:
• $13.00/hour
• 36-Hour Work Week
• 13 Paid Holidays
• Participation in SIMPLE IRA Plan (DOVES matches employee contributions up to 3%)
• Participation in Flex Plan (including Unreimbursed Medical & Dependent Day Care)
• Vacation & Sick Time
• Mileage reimbursement at current federal reimbursement rate

Work Schedule
• The Client Advocate will:
  o Typically work 36-40 hours per week between 8:00am and 5:00pm Monday through Friday; AND
  o Provide direct services via our 24-hour help line on the phone or in person as follows
    ▪ 1-2 Night & Weekend shifts per week
    ▪ 2-3 Holidays per year
  o Night & weekend hours include:

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<th>Start Time</th>
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• The Client Advocate will be paid during their on call shift only when they are providing direct services to clients either on the phone or in person. She/he will not be paid while on call if they are not providing direct services.

Application Requirements
• Only complete applications will be considered.

• A complete application packet will consist of the following:
  
  o Cover Sheet (provided below)
    ▪ This is not a fillable form.
    ▪ Please print and complete by hand.
  
  o A Cover Letter that clearly and specifically details how the applicant’s strengths, skills and previous work experience apply to this job description. Applications that include a Generic Cover Letter will be disregarded.
  
  o Resume
  
  o Three (3) Professional Reference Pages (provided below)
    ▪ These are not fillable forms.
    ▪ Please print and complete by hand.
  
  o Response to Scenario Questionnaire (provided below)
    ▪ This questionnaire is not fillable.
    ▪ Applicants should recreate the document and provide typed responses.

• Please do not include pages 1-5 of this packet with your application.

• Completed applications may be submitted via one of the modes below:
  
  o E-mail to Holly@DOVESProgram.com
  
  o Fax to 308-436-2817
  
  o Mail to
    The DOVES Program
    ATTN: Holly
    PO Box 98
    Gering, NE 69341
  
  o Hand-delivery to
Cover Sheet

Name: ____________________________

E-mail Address: _________________________

Phone Number: __________________________

I am applying for the following position:

☐ Client Advocate - Gering
**Professional Reference #1**

Please provide the following contact information for a Professional Reference who can clearly describe your strengths, skills and recent work performance. This form should be completed by the applicant – not the reference. *Personal References are not acceptable.*

Name: __________________________________________________________

Company/Agency: ________________________________________________

Address: ________________________________________________________

Phone Number: __________________________________________________

Alternate Phone Number: __________________________________________

E-mail Address: __________________________________________________

Describe your previous work or professional relationship with this individual: ____________

__________________________________________________________________

__________________________________________________________________

I, ________________________________________________________________, hereby give consent to any and all prior employers of mine to provide information with regard to my employment with prior employers to The DOVES Program.

__________________________________________________________________

Signature Date
**Professional Reference #2**

Please provide the following contact information for a Professional Reference who can clearly describe your strengths, skills and recent work performance. This form should be completed by the applicant – not the reference. *Personal References are not acceptable.*

Name: __________________________________________

Company/Agency: __________________________________________

Address: __________________________________________

____________________________________________________

Phone Number: __________________________________________

Alternate Phone Number: __________________________________________

E-mail Address: __________________________________________

Describe your previous work or professional relationship with this individual: ______________

____________________________________________________

____________________________________________________

I, __________________________________________, hereby give consent to any and all prior employers of mine to provide information with regard to my employment with prior employers to The DOVES Program.

__________________________________________  ________________
Signature                                           Date
**Professional Reference #3**

Please provide the following contact information for a Professional Reference who can clearly describe your strengths, skills and recent work performance. This form should be completed by the applicant – not the reference. *Personal References are not acceptable.*

Name: 

Company/Agency: 

Address: 

Phone Number: 

Alternate Phone Number: 

E-mail Address: 

Describe your previous work or professional relationship with this individual: 

I, ____________________________________________, hereby give consent to any and all prior employers of mine to provide information with regard to my employment with prior employers to The DOVES Program.

Signature ___________________________ Date __________
Scenario Questionnaire

Please respond to the following scenarios as part of your completed application packet.

1. If your friend were experiencing domestic violence, how would you help her/him plan for their safety?

2. A Law Enforcement Officer calls to ask if you are working with client Jane Doe. Due to the nature of our work, we can only provide information to an outside agency with a release of information but you do not have a release from Jane Doe.
   
   a. How do you handle this situation?
   
   b. What steps do you take to maintain a relationship with that Officer while still adhering to confidentiality?

3. Dave and Sarah, who have been dating for three months, are at a party. They’ve both been drinking, and Sarah can barely walk. Dave helps her upstairs and proceeds to take off her clothes and have sex with her. When Sarah wakes up in the morning, she realizes that she’s had sex, though she doesn’t remember most of it.

   Sarah calls you the next day to talk because she thinks what Dave did was wrong, but her friend Brittany told her that she was all over Dave that night, begging him to have sex with her. Sarah says that “Dave just did what I asked him to do, I guess. I still feel like what he did was wrong. Can you help me?”

   a. How do you respond to Sarah?

   b. How can you help Sarah?