



PO Box 8517
Moscow, ID 83843
Tel: (208) 882-2490

PO Box 37
Pullman, WA 99163
Tel (509) 332-0552
Fax: (509) 332-3314

ATVP Reference Letter

Applicant: Please give this form to 2 references, 1 personal (non-family) and 1 professional. Please have the reference return this form to you or to ATVP via mail or email. ATTN: Program Manager or email program.manager@atvp.org

Applicant's Name:	Date:
Name of Reference:	Phone #:
How long have you known applicant?	
In what capacity?	

ATVP provides free and confidential services to all victims and survivors of domestic violence and sexual assault. Our volunteer advocates are essential to our organization, in that they provide advocacy-based counseling to callers on our 24-hour crisis hotline, after office hours and on weekends. Please answer the following questions about the applicant to the best of your ability.

1. We ask our volunteers to commit to an initial 40 hours of training, 2-3 hotline shifts per month, ongoing trainings, and at least a year of service. What is your assessment of the applicant's ability to handle this time commitment?
2. The advocate trainings cover various issues on sexual assault, domestic violence, and crisis intervention. What is your assessment of the applicant's ability to emotionally handle the intensity of the training?
3. Our work involves good listening and communication skills, and dealing with diverse populations. What is your assessment of the applicant's ability to be compassionate, open-minded, objective, and empathetic?

Reference's Signature: _____ Date: _____

*Please attach additional comments if needed. Thank you for your thoughtful consideration.
If you have any questions, please call the Program Manager at 509-332-0552*