

**DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
VICTIM ADVOCATE STATEMENT OF UNDERSTANDING**

The undersigned has applied for a position as a Victim Advocate (VA). The undersigned acknowledges the following:

I, (full name) _____, understand that this is a volunteer position. **(initials)** _____

I understand that this collateral duty may impact my primary Coast Guard duty. **(initials)** _____

I understand that an Employee Assistance Program Coordinator (EAPC)/Sexual Assault Response Coordinator (SARC) will discuss my collateral duty as a volunteer VA with my Supervisor, and before I have permission to serve as a VA, my supervisor will have to sign an agreement of understanding after meeting with the EAPC/SARC acknowledging the impact the collateral duty will have on my military duty. **(initials)** _____

I understand that as a VA I will handle confidential information of a personal nature. **(initials)** _____

I understand that as a VA I may not take any action, either directly or indirectly, to coach or otherwise influence statements or testimony provided by a victim to CGIS and/or civilian investigators. **(initials)** _____

I understand and agree that it is my responsibility to keep all oral, written or electronic communications that include personal identifying information, reported by a victim to myself, unless the victim authorizes disclosure in writing. **(initials)** _____

I understand that such communications are considered covered communications, and failure to keep all covered communications confidential will result in removal as a VA and may also result in discipline under the Uniform Code of Military Justice (UCMJ), loss of credentials, or other adverse personnel or administrative actions. **(initials)** _____

I understand that any time I am performing duties in support of victim advocacy, I report directly to an EAPC/SARC **(initials)** _____

I understand I will be on call. I agree to keep the EAPC/SARC informed of my contact information. I also acknowledge that if I am unable to be reached while on call I can be removed as a volunteer victim advocate. **(initials)** _____

I understand I am expected to attend monthly case management meetings for any case for which I am the assigned victim advocate. **(initials)** _____

I understand that, if a case proceeds to an Article 32, UCMJ investigative hearing, a court-martial, or civilian criminal proceedings, I may have to accompany the victim during the duration of the hearing/trial. And, I further understand that I may be called to testify in such hearing. **(initials)** _____

Prior to my appointment as a victim advocate, I understand that I will have to complete the essential training tasks for a victim advocate. **(initials)** _____

PRIVACY ACT STATEMENT

AUTHORITY: Section 301 of Title 5, United States Code and Chapter 55 of Title 10, United States Code.

PRINCIPAL PURPOSE(S): Information on this form will be used to document elements of the sexual assault response and/or reporting process and comply with the procedures set up to effectively manage the sexual assault prevention and response program.

ROUTINE USE(S): None.

DISCLOSURE: Completion of this form is voluntary; however, failure to complete this form with the information requested impedes the effective management of care and support required by the procedures of the sexual assault prevention and response program.

VA Signature

Date Signed

EAPC/SARC Signature

Date Signed