



St. Jude House Survivor Council Member Application

Thank you for your interest in joining the St. Jude House Survivor Council. This council provides an opportunity to support and empower survivors, share lived experiences, and contribute to a survivor-centered approach in domestic violence programming.

Your responses will be reviewed by St. Jude House leadership and the Council Chair. All information shared will remain confidential.

Contact Information

Name: _____ Preferred Pronouns: _____

Phone Number: _____ Email: _____

Address: _____ City: _____

State: _____ Zip code: _____ Preferred Contact (Phone/Email): _____

Application Questions

1. What do you know about St. Jude House and its mission?

6. Have you supported others experiencing domestic violence in the past? If so, how?

7. The Survivor Council's focuses on prioritizing the needs of those we serve. Do you feel ready to engage in this work, considering the potential emotional triggers you may encounter? *(Please note that members can withdraw or take a step back as needed. Your well-being is a priority.)*

8. Is there anything else you'd like us to know about you or your interest in joining the council?

Agreement and Signature

I affirm that all the information provided is accurate to the best of my knowledge. I understand that all members are expected to embody the council's values, adhere to its policies, and pass a criminal background check to ensure the safety and well-being of the council and the individuals we serve.

Signature: _____

Date: _____

Thank you for your application. We will be in touch with you after the review process to discuss the next steps. If you have any questions, please contact us at **219-662-7066**.