

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