Supervisor Approval Form

Your employee, or direct report, is applying to be part of the Victim’s Advocate Network (VAN). The VAN is a network of volunteers, who are faculty or staff of the University of Texas at Austin, or UT System in Austin, that respond as trained volunteer victim advocates to meet the needs of any person (student, staff, or visitor to campus,) impacted by a crime or distressing event on UT-Austin Campus. The goal of the Victim’s Advocate Network (VAN) is to enhance the feeling of safety, and promote the welfare of our campus community through enhanced support. The VAN responds to crimes that are mandated to receive victim’s services through the Texas Criminal Code:

- Victims of Sexual Assault (includes an offense under Section 21.02, 21.11(a)(1), 22.011 or 22.021, Penal Code.)
- Kidnapping
- Aggravated Robbery
- Trafficking of Persons
- Injury to a Child, Elderly or Disabled Individual,
- Any person who has suffered Personal Injury or Death as a result of the criminal conduct of another

Such incidents are rare on campus and it is important, when they do occur, that the University responds in a way that supports impacted community members. VAN volunteers may be asked to respond to other incidents on campus where individuals are in distress and, at the responding officer’s discretion, would benefit from psychological first aid and facilitation of connection to other on campus services.

The University allows VAN advocates to use up to 4 hours per month of work time for either service to the community, or to attend required monthly trainings. Employees may use this benefit if they are called to respond to an event on campus during their regularly scheduled work hours, or to attend a required training. They may not use this benefit to accrue over-time, comp time or to accumulate hours beyond what they are regularly scheduled. If an advocate is called out during a time that is not their regularly scheduled work time, they are serving as a volunteer and will not record this service time on their time sheet.

Applicant’s Name: _______________________________________________________

I certify that I supervise the faculty or staff member referenced above and that I approve of his/her participation in the Volunteer Advocate Network (VAN). Initial here ________________

I certify that the faculty or staff member referenced above meets or exceeds job expectations. Initial here ________________

Supervisor Printed Name: ____________________________________________________

Supervisor Signature: ______________________________________________________

Date: __________________________