

VICTIM SERVICES PROGRAM VOLUNTEER APPLICATION

INSTRUCTIONS: Please print and complete form fully in ink. Fill-in fields by using your tab button if downloading from your computer.

Mr. _____
Mrs. _____
Ms. _____ (First) _____ (Middle) _____ (Last)

Address: _____
(Street)

(City, State, Zip Code)

Phone Number: Home _____ Work _____

Date of Birth _____ Driver's License Number _____

Do you have your own transportation? _____

In case of emergency, notify: _____

Telephone number _____

Check one Employed _____ Unemployed _____ Self-Employed _____ Retired _____

If employed, place of
Employment _____

Title/Duties _____

Number of years employed _____ Supervisor _____

Regular working hours _____

Previous employer _____

Reason for leaving _____

Volunteer experience (Where and activities performed) _____

Education: High School _____ Professional/Technical _____ College _____
Graduate School _____

Have you ever been convicted of a crime? _____ If yes, state nature of offense, when and where occurred _____

REFERENCES: List three (3) references not related to you:

(Name)	(Address)	(Phone No.)
(Name)	(Address)	(Phone No.)
(Name)	(Address)	(Phone No.)

How did you hear about the Victim Assistance Program? _____

Are you able to commit yourself to being on-call on a given day per-week? _____ If no, please explain your limitations and the length of time/commitment that you are able to make: _____

Will you be able to attend in-service training sessions at the Sheriff's Office in addition to your regularly scheduled volunteer time? _____

VOLUNTEER TIME PREFERRED:

Every effort is made to accommodate the preference of applicants. However, the size of the Victim Services Unit necessitates scheduling volunteer assignments over the course of the work-week. Below, please check each time(s) and day(s) you would, be able to work..

Mon.____ Tues.____ Wed.____ Thurs.____ Fri.____ Sat.____ Sun.____
Holidays____ Days____ Afternoons____ Evenings____

Why would you like to work with the Victim Service Unit? _____

What additional skills and strengths would you like to develop as an outcome of your experience with this program? _____

As a volunteer, you will be working with clients of many different ethnic and socio-economic backgrounds. Sometimes clients may have values or beliefs quite different from your own. Please describe why this will or will not present a difficulty or adjustment for you as a service provider.

Please check the topics/subjects below that interests you or you have experience in doing.

- Crisis Intervention Counseling
- Public Speaking
- Services to the Elderly
- Graphic Skills
- Publicity
- Statistics
- Community Education
- Typing/Filing/Office Skills
- Fundraising
- Community Resource Development
- Legal Research
- Courtroom Procedures
- Newsletter (graphics, writing, etc.)

AUTHORIZATION FOR RECORDS CHECK

In consideration of the _____ County Sheriff's Office considering me for the Victim Services Unit, I hereby authorize the Office, it's employees, representatives, and agents to make such investigation and inquiries of my personal, employment, medical history, driving record, criminal history and other related matters as may be necessary to determine my suitability for this Program by the County of _____. I hereby waive my right to privacy and release employers, schools and/or persons from any and all liability in responding to inquiries in connection with my application for this Program.

In the event of my acceptance to this Program, I understand that false or misleading information given in my application or interview (s) may result in discharge.

Knowingly and voluntarily given,

Signature

Date

Printed Name

Witness

Please return this form to: Van Buren County Victim Service Unit
C/O Van Buren County Sheriff's Office
205 South Kalamazoo Street
Paw Paw, Michigan 49079