

Victim Services Program Volunteer Application

Instructions: Please print and complete form fully in ink.

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

Address: _____
(Street)

(City, State, Zip Code)

Phone Number Home _____ Work _____

Date of Birth _____ Drivers License Number _____
(optional)

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 & 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 Number)

(Name) (Address) (Phone Number)

(Name) (Address) (Phone Number)

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 regular scheduled volunteer time? _____

Have you ever been a victim? ____ If yes, please explain _____

(If additional space is needed, use the back of application)

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 days(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 for you as a service provider.

Please check the topics/subjects below that interest you or you have had 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 RECORD CHECK

In consideration of the _____ County Sheriff's Office considering me for the Victim Services Unit, I hereby authorize the Office, its employees, representatives and agents to make such investigation and inquires of my personal, employment and medical history, driving record, criminal history and any other related matters that may be deemed necessary to determine my suitability for this program by the County of Osceola. 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.

Signature

Date

Printed Name

Witness

Please return this form to:

OSCEOLA COUNTY SHERIFF DEPT.
325 West _____ Ave.
Reed City, Michigan 49677