

**JEFFERSON COUNTY DISTRICT ATTORNEY'S OFFICE
VICTIM ASSISTANCE PROGRAM
VOLUNTEER APPLICATION**

It is the standard procedure of the District Attorney's Office to reserve the right to confirm your responses to the questions below. Any checks we make into your background will be confidential. It is our goal to give you a rewarding volunteer experience, while giving our clients quality service.

PLEASE COMPLETE THE FOLLOWING:

Full Name: _____

Any Other Names Used: _____

Address: _____

Mailing Address (if different): _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Do you have reliable transportation: Yes _____ No _____

Reliable Phone: Yes _____ No _____

Languages Spoken: _____

Education:

High School Name: _____

City: _____ State: _____

Diploma: Yes or No

GED: Yes or No

College Name: _____

City: _____ State: _____ Diploma: Yes or No

College Name: _____

City: _____ State: _____ Diploma: Yes or No

Please tell us about your current or last employment:

Name of Employer: _____

Phone: _____ Address: _____

Supervisor: _____

Your Job Title: _____

Employed From: _____ To: _____

Name of Employer: _____

Phone: _____ Address: _____

Supervisor: _____

Your Job Title: _____

Employed From: _____ To: _____

Other Volunteer Experience:

Name of Organization: _____

Phone: _____ Address: _____

Supervisor: _____

Your Title: _____

Volunteered From: _____ To: _____

Name of Organization: _____

Phone: _____ Address: _____

Supervisor: _____

Your Title: _____

Volunteered From: _____ To: _____

References: Please list three people who know you professionally or personally (no relatives please):

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

How did you learn of volunteer opportunities with the program? _____

Days and times available: Business Hours (8-5) _____ Evenings _____ Weekends _____

Whom should we contact in an Emergency?

Name: _____ Relationship: _____

Day Phone: _____ Night Phone: _____

I understand that the District Attorney's Office will verify the information in my application and that failure to provide true and complete information is grounds for disqualification from participating in the volunteer advocate program.

Signature of Applicant

Date

AUTHORIZATION FOR CRIMINAL HISTORY CHECK

I, _____, hereby authorize the Jefferson County Victim Assistance Program to perform a criminal history background check.

Signature of Applicant

Date

Date of Birth: _____

Driver's License Number: _____ State: _____

Race: _____

Sex: Male _____ Female _____