



Summit County Crisis Response Team Volunteer Application

WELCOME

Thank you for your interest in becoming a volunteer for Victim Assistance Program's (VAP) Summit County Crisis Response Team (SCCRT). SCCRT volunteers help our agency fulfill its mission by providing 24/7/365 services to victims of crime and trauma in Summit County, Ohio. Volunteers will be prepared to provide day-to-day services such as answering the crisis hotline, chat, and text or assisting walk-in clients. Volunteers may also respond to local hospitals or on-scene at the request of first responders.

Completion of this form serves as the first step in the application process. All applications will be reviewed, and candidates will be notified if chosen to move forward in the application process. Once accepted, SCCRT members will engage in extensive training before being permitted to assist victims of crime or trauma.

All applicants must include a current resume as an attachment to the completed application. Applications with incomplete or missing information will not be considered.

APPLICANT INFORMATION

First Name:		Last Name:		Today's Date:	
Street Address:				Apartment/Unit #	
City:			State:	ZIP:	
Phone:		E-mail:			
Do you possess a valid driver's license?		YES	NO	Do you have 24/7 transportation?	
				YES	
				NO	
Are you 18 years of age or older?		YES	NO	Have you ever been convicted of a crime?	
				YES	
				NO	
If convicted, list charge(s) and dates:					
Would you be willing to undergo a state and federal background check?				YES	NO
Have you received services from VAP within the last 5 years?				YES	NO
Educational Background (list diplomas, degrees, certificates, etc.): High School Diploma Required					

WHY DO YOU WANT TO BECOME A MEMBER OF THE SUMMIT COUNTY CRISIS RESPONSE TEAM?

Empty text box for applicant response.

EXPERIENCE

When did you complete the required Summit Victim Assistance Academy’s ‘The Essentials’ Course?

If you have yet to complete this course, do you agree to participate and pay ½ of the current fee? YES NO

Please explain any experience you have working with victims of crime or trauma and/or training you have received:

AVAILABILITY (Please list specific times you are available to volunteer)

Availability:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
DAYS							
EVENINGS							
OVERNIGHTS							

Are you available to volunteer on holidays? YES NO Comments:

ADDITIONAL OPPORTUNITIES

In addition to the Crisis Response Team, I am also interested in volunteering the following areas:

Administrative Tasks Agency Events Fundraising Grant Writing Outreach/Marketing

CURRENT/RECENT EMPLOYER INFORMATION

Company:	Phone:
Address:	City, State, Zip:
Job Title:	From: To:

Job Duties:

REFERENCES (PROFESSIONAL OR PERSONAL WHO CAN ATTEST TO YOUR SKILLS AND/OR CHARACTER)

Name:	Relationship:
Phone:	E-mail:
Name:	Relationship:
Phone:	E-mail:

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I accept and give Victim Assistance Program permission to verify the accuracy of this application. If this application leads to a volunteer position, I understand that false or misleading information in my application may result in termination.

Signature: Date:

FOR OFFICE USE ONLY

Reviewed by: (Name, Title) _____ Date:
 Approved Denied