



# Volunteer Application

## WELCOME

Thank you for being interested in volunteering at Victim Assistance Program! Victim Assistance requires individuals to commit to a period in which they can donate administrative or direct service hours to the agency. Direct Service Volunteers (those working with clients) must complete The Essentials training after becoming accepted into the program. See website for dates and times; volunteers do not pay a fee for the class. Completion of this form is the first step in our application process. Please save this pdf. to your computer and email the file attachment to Jody James, Supervisor of Community Resources, [jjames@victimassistanceprogram.org](mailto:jjames@victimassistanceprogram.org).

## APPLICANT INFORMATION

First Name:		Last Name:		Date:
Street Address:			Apartment/Unit #	
City:		State:	ZIP:	
Phone:		E-mail:		
Are you over the age of 18?	YES	NO	Who referred you to VAP?	

## EMPLOYER INFORMATION

Company:		Website:		
Type of Business:		Title:		
Does your employer match employee contributions?	YES	NO	Does your employer sponsor events?	YES NO

## EDUCATION

Highschool:			City, State:		
From:	To:	Did you graduate?	YES	NO	Degree:
College:			City, State:		
From:	To:	Did you graduate?	YES	NO	NOT YET Degree:
Previous Internship:			City, State:		
From:	To:	Activities:			

## REQUIREMENTS

How many hours a week are you able to volunteer at VAP?				How many months are you able to volunteer at VAP?			
Availability:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Availability:	Days (Between 8:00a – 4:00p)			Evenings (Between 4:00p – 12:00a)			
Availability Comments:							

**COMMUNITY RELATIONS**

Have you ever been a victim of a crime?	YES	NO	Have you received services from VAP?	YES	NO
Do you have family who works in the criminal justice system?	YES	NO	Name/Location:		
Have you ever been convicted of a crime?	YES	NO	If yes, what charge(s)?		

**COMMUNITY INVOLVEMENT** (*Girl Scouts, Boy Scouts, School Clubs, Sororities, Fraternity*)

Organization:		Position(s) Held:
Time Frame:	From: To:	
Organization:		Position(s) Held:
Time Frame:	From: To:	
Organization:		Position(s) Held:
Time Frame:	From: To:	

**INTERESTS** (*Check all that you would be willing to do, and would like to do*)

Direct Service:	Crisis Intervention – Hotline	Victim Advocacy - Court	Support Groups		
Education:	Service Awareness Booths	Proof Reading Curriculums	Online LMS System Support		
Advancement:	Grant Writing	Fundraising	Social Media	Graphic Design	Film Making
Administration:	Program Policies	Data Entry	Research	Computer technology	
Miscellaneous:	Computer Hardware	Cleaning	Organizing		

**REFERENCES** (*Please list three professional or educational references who can attest to your character*)

Full Name:	Relationship:
Company:	Phone:
Full Name:	Relationship:
Company:	Phone:
Full Name:	Relationship:
Company:	Phone:

**WHY DO YOU WANT TO VOLUNTEER WITH VICTIM ASSISTANCE PROGRAM?**

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**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 by contacting references, employers, as well as educational institutions. If this application leads to a volunteer position, I understand that false or misleading information in my application may result in termination.

Signature:	Date:
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