

Victims of Crime Helpline
Volunteer/Intern Application

DATE: _____

Basic Information:

Name: _____ D.O.B. _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell/Other: _____

Email Address: _____

Current Employment:

Employer: _____

Address: _____

City, State, Zip: _____

Position: _____

Work Phone: _____

Prior Employment: (if you have been employed at your current position for less than 1 year)

Employer:

Address: _____

City, State, Zip: _____

Position: _____

Work Phone: _____

Education:

School	Degree/Certificate	Subject
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Other Work/Volunteer Experience:

Employment	Dates
<hr/>	
<hr/>	
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Internship Information (fill out only if applying for internship):

School: _____ Major: _____

Year of Graduation: _____ GPA: _____

Field Advisor: _____

Hours per week: _____

What days and hours do you plan to intern?

Emergency Contact Information

Name: _____ Relationship: _____

Home Phone: _____

Work Phone: _____

Please answer the following questions:

- How did you hear about our volunteer program? _____

- What is your interest in becoming a volunteer advocate? _____

- Have you ever been a victim of crime? If so, please indicate type of crime and year of occurrence.

- What skills do you have that you will be able to bring to this position?

- What do you hope to gain from volunteering with our agency?

- Are there any situations in which you might have trouble being objective?

Personal Background: (optional)

- Are you bilingual? _____

- If yes, what language(s)? _____

- Conversational? _____ Fluent? _____

Self-care is an important part of this program. Please take a moment to identify some of your personal interests, and ways that you take care of yourself:

I certify that the information on this application is true and I further agree that such information may be investigated at any time by Day One. I also agree to have a Criminal background check (BCI) done before I start the Volunteer/Advocate training program. I understand that this application neither obligates me to accept, nor the sponsoring agency to offer, any position.

Signature of Applicant

Date:

Print Name

Date: