



**Victim Support Services**

PO Box 1949

Everett, WA. 98206

Main: 425-252-6081

Name: \_\_\_\_\_  
First Middle Last

**Mailing Address**

|                       |  |                         |    |
|-----------------------|--|-------------------------|----|
| Address               |  |                         |    |
| City, State, Zip Code |  |                         |    |
| Email Address         |  |                         |    |
| Contact Phone Number  |  | Over the age of 18: Yes | No |

**Volunteer Opportunities you are interested: (check all that apply)**

|                          |                        |                          |                  |
|--------------------------|------------------------|--------------------------|------------------|
| <input type="checkbox"/> | Hotline Advocate*      | <input type="checkbox"/> | Fundraising      |
| <input type="checkbox"/> | Advocate Intern*       | <input type="checkbox"/> | Events/Outreach  |
| <input type="checkbox"/> | Courtroom Support*     | <input type="checkbox"/> | Special Projects |
| <input type="checkbox"/> | Office/Clerical Intern | <input type="checkbox"/> | Support Group*   |

\*These opportunities require initial training and applicant must be 18 years of age or older

**Availability**

|        |
|--------|
| Days:  |
| Hours: |

**Paid/Volunteer Work Experiences**

Are you currently employed? Yes No

If yes, list position and place of employment \_\_\_\_\_  
Position/Place of Employment

Please list your previous three (3) paid/volunteer employment experiences. You may attach a resume, if you prefer.

Company/Position \_\_\_\_\_

Dates \_\_\_\_\_ Duties \_\_\_\_\_

Company/Position \_\_\_\_\_

Dates \_\_\_\_\_ Duties \_\_\_\_\_

Company/Position \_\_\_\_\_

Dates \_\_\_\_\_ Duties \_\_\_\_\_

**Education and Interests**

Are you currently a student? Yes No

If yes, what school are you attending? \_\_\_\_\_

If yes, will you be receiving credit for your volunteer work? Yes No

If yes, describe your area(s) of study and details of the credit(s) you will receive

Do you have any special skills, education, training, or hobbies that you may be able to contribute to Victim Support Services? Examples include fundraising, office skills, computer networking, accounting, bilingual, etc.

We ask our trained volunteers to commit to one year of service to the agency. How long of a commitment are you willing to make to volunteering with Victim Support Services?

**Emergency Contact Information**

In the event of an emergency, who would you like Victim Support Services to contact?

Name/Relationship to You: \_\_\_\_\_  
First Last Relationship

Phone Numbers: \_\_\_\_\_  
Home Cell

**Request for Criminal Background Check**

As part of your volunteer application, you will be asked to complete a Washington State Patrol (WSP) Criminal Background Check (CBC). The type of background check this is performed by the Washington State Patrol (WSP) is a report on abuse of children or vulnerable adults (RCW 43.43.830 – 43.43.845), as well as a full criminal history report.

Applicant Name: \_\_\_\_\_  
First Middle Last

Alias/Maiden Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

I understand by signing this application, I am giving Victim Support Services permission to do a Washington State Patrol Background check and that all information provided in this application is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

