



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

