victimsupportservices

Volunteer & Internship Enrollment Form
Victim Support Services
P.O. Box 1949, Everett, WA 98206
Main: 425.252.6081, Fax: 425.259.1730
www.victimsupportservices.org

Date: _____

AGENCY USE ONLY
Program Placement:_____

Name: _____
First Middle Last

Address: _____
Street/Box # City State Zip

Phone:_____ **Secondary Phone:** _____

Email:_____ **Birth Date:** _____

Emergency Contact:_____ **Phone:** _____

Relationship: (e.g. spouse, parent) _____

Volunteer/Internship Opportunities that you are interested in: (check all that apply)				
*Victim Advocate		Communications Intern		Event Specialist
*Victim Advocate Intern		Social Media Optimizer		Office Assistant
*Hotline Advocate		Technology Guru		Day of Event
*Hotline Advocate Intern		Grant Researcher & Writer		Legislative Advocate
Community Engagement Enthusiast		*Hotline TEXT Advocate		General Facilities Helper
* These opportunities require an initial training and applicant must be 18 years of age or older				

If you are volunteering/interning for school credit, please complete the following:

Number of hours needed:_____ Requested Completion Date: _____

Indicate the days and times you are available in the appropriate box below:						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

References: (list three non-relative references – employer, friend, neighbor, co-worker, etc.)

1. Name:_____ Relationship to you: _____

Phone:_____ Email: _____

2. Name:_____ Relationship to you: _____

Phone:_____ Email: _____

3. Name:_____ Relationship to you: _____

Phone:_____ Email:_____

Education			
School	From	To	Did you graduate?
Location		Type of Degree or Diploma	
School	From	To	Did you graduate?
Location		Type of Degree or Diploma	

Paid/Volunteer Work Experience			
Agency/Organization	From	To	Position
Duties			
Agency/Organization	From	To	Position
Duties			
Agency/Organization	From	To	Position
Duties			

Criminal History/Criminal Background Check

Have you ever been convicted of any criminal offense? Yes No
If yes, please explain

_____

_____

2As 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.

VOLUNTEER/INTERN AUTHORIZATION

Please read the following statement. Initial using the line to the left and sign and date your full name on the signature line at the end.

_____**Authorization to Investigate:** I authorize Victim Support Services to investigate all information contained in this application and I authorize all persons, institutions, organizations and companies to furnish all pertinent information known to them about me. I certify that all statements are try and complete to the best of my knowledge and I understand that to knowingly misrepresent and/or omit facts called for herein will be sufficient cause for cancellation of consideration for volunteering or dismissal. I will also indemnify Victim Support Services against any liability, which might result from making such investigation.

_____ _____

Applicant Signature Date

Thank you for your interest in volunteering with Victim Support Services!