



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

AGENCY USE ONLY Program Placement: _____
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Date: _____

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)			
<input type="checkbox"/> *Victim Advocate	<input type="checkbox"/> Communications Intern	<input type="checkbox"/> Event Specialist	
<input type="checkbox"/> *Victim Advocate Intern	<input type="checkbox"/> Social Media Optimizer	<input type="checkbox"/> Office Assistant	
<input type="checkbox"/> *Hotline Advocate	<input type="checkbox"/> Technology Guru	<input type="checkbox"/> Day of Event	
<input type="checkbox"/> *Hotline Advocate Intern	<input type="checkbox"/> Grant Researcher & Writer	<input type="checkbox"/> Legislative Advocate	
<input type="checkbox"/> Community Outreach Volunteer	<input type="checkbox"/> *Hotline TEXT Advocate	<input type="checkbox"/> 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

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.

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 true 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!