



**Volunteer & Internship Enrollment Form**

**Victim Support Services**

P.O. Box 1949, Everett, WA 98206

Admin: 425.252.6081, Fax: 425.259.1730

[www.victimsupportservices.org](http://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	<input type="checkbox"/>	Grant Writer & Researcher
<input type="checkbox"/>	*Victim Advocate Intern	<input type="checkbox"/>	Communications Intern	<input type="checkbox"/>	Office Assistant
<input type="checkbox"/>	*Hotline Advocate	<input type="checkbox"/>	Event Specialist	<input type="checkbox"/>	Technology Guru
<input type="checkbox"/>	*Hotline Advocate Intern	<input type="checkbox"/>	Procurement Specialist	<input type="checkbox"/>	Legislative Advocate
<input type="checkbox"/>	Community Outreach Volunteer	<input type="checkbox"/>	Day of Event	<input type="checkbox"/>	General Facilities Helper
<i>* These opportunities require an initial 40-hour training and applicants must be 18 years of age or older. If you are applying for the Day of Event and General Facilities Helper position, proceed to the Criminal Background Check section.</i>					

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

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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!*