

VICTIM SUPPORT SERVICES

Volunteer Application



APPLICANT INFORMATION

Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City		State		ZIP		
Phone			E-mail Address			
Work Phone		Cell Phone		Years in Victim Service		
Current Position						
Are you paid staff?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Is your interest in volunteering part of an internship?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you a volunteer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain?			
Are you able to attend training nights or weekends?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain			

CURRENT EMPLOYMENT INFORMATION

Agency Name			Address			
Start Date		Phone:		Alt phone:		
Duties						
Previous Agency			Position			
From	To					

REFERENCES

Please list two professional references.

Full Name			Relationship			
Company			Phone			
Address						
Full Name			Relationship			
Company			Phone			
Address						

Please describe your interest in volunteering on our hotline:

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

Signature		Date	
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