



**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 <b>Program Placement:</b> _____
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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"/> <b>Victim Advocate</b> (volunteer or internship opportunities)	<input type="checkbox"/> <b>Administrative Assistant Volunteer</b>
<input type="checkbox"/> <b>Crisis and Referral Advocate</b>	<input type="checkbox"/> <b>Fund Development Volunteer</b>
<input type="checkbox"/> <b>Community Outreach Volunteer</b>	<input type="checkbox"/> <b>Grant Writer &amp; Researcher</b>
<input type="checkbox"/> <b>Policy &amp; Procedure Analyst</b> (volunteer or internship opportunities)	<input type="checkbox"/> <b>Procurement Specialist Volunteer</b>
<i>*** These opportunities require an initial 40-hour training and applicants must be 18 years of age or older. More information will be provided once application is submitted and processed.</i>	

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

Number of hours needed: \_\_\_\_\_ Requested Start Date: \_\_\_\_\_ 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. In addition to a WSP CPC, a National Sex Offender Background Check will be completed.

**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.

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Applicant Signature Date

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