

Volunteer Application:

I. Personal Information

Name: _____ SSN#: _____
Address: _____
Home Phone: _____ Work Phone: _____
Place of Employment: _____ Position: _____
Hours You Work: _____ Date of Birth: ____/____/____ Sex: ___M___F
Emergency Contact Person: _____ Phone: _____

II. Training/Experience/Skills

- 1). Have you ever received victim/witness advocacy training? No Yes How many hours? _____
- 2). What other training or skills can you contribute to this program (communication, computer, foreign language, etc.)?

- 3). Do you have any previous volunteer experience? No Yes Where? _____

III. You and Our Volunteer Program

- 1). What interests you in becoming a volunteer for the Victim Assistance Program? _____
- 2). How did you hear about our program? _____
- 3). Are there any groups you would not be comfortable working with? No Yes: _____
- 4). Do you have access to an automobile? No Yes Do you have auto insurance? No Yes

IV. References

- 1). _____
- 2). _____
- 3). _____

The Victim Assistance Program
Erie County Prosecutor's Office, Suite 319
247 Columbus Avenue
Sandusky, Ohio 44870
627-7699

_____ OFFICE WORK: (Typing Notification Letters, Telephone Notification of Hearings, Opening Case Files)

_____ ON CALL: (Providing Hospital Advocacy to Sexual Assault Survivors/ Responding to Domestic Calls)
***If you are interested in providing hospital advocacy for sexual assault survivors or responding to domestic calls, will you be able to periodically register for 24-hour shifts? Yes No**

_____ VICTIM ADVOCACY: (Providing Support/Information at Court, Assist with Compensation Applications)

_____ SPECIAL ACTIVITIES: (Fundraisers, Awareness Months, Child Care, Committees, Volunteer Trainings)

_____ PUBLIC SPEAKING: (Schools / Community re: Sexual Assault Awareness, Victimization, Our Program)

_____ VOLUNTEER COORDINATOR: (Volunteer Training, Meetings, Scheduling, Notification)

HOURS YOU ARE ABLE TO VOLUNTEER:

Monday:
Tuesday:
Wednesday:
Thursday:
Friday:
Saturday:
Sunday: