

# Lake County Victim Assistance

## VOLUNTEER APPLICATION

**Please PRINT clearly**

Application Date: \_\_\_\_\_ Ms. / Mrs. / Miss / Mr. / Dr.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail address \_\_\_\_\_

Day & Month of Birth \_\_\_\_\_ Year (optional) \_\_\_\_\_ I am age 18 years or older: Yes / No

Social Security #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

I am:      Employed      Unemployed      Retired      Student

Current Place of Employment: \_\_\_\_\_

Position/Title: \_\_\_\_\_

May we call you at work:    Yes \_\_\_\_\_ No \_\_\_\_\_

How did you hear about this volunteer position: \_\_\_\_\_

Are you able to make a one year commitment:    \_\_\_\_\_ Yes    \_\_\_\_\_ No

Have you been a victim of a violent crime within the past year: Yes \_\_\_\_\_ No \_\_\_\_\_

Special training, skills, hobbies;

Groups, clubs, organizational memberships:

Please describe your prior volunteer experience include organization names and dates of service:

Describe your interest in volunteering with Lake County Victim Assistance:

What qualities or skills do you bring to this volunteer position:

List any other information about yourself you think would be important to share:

Briefly discuss any reservations/concerns you may have regarding volunteering with the Victim Assistance Program:

Is this volunteer position a requirement for obtaining a degree or certificate: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

High School Graduate: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Name of High School: \_\_\_\_\_

College Graduate: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Name of College: \_\_\_\_\_

Degree or Area of Study: \_\_\_\_\_

Have you ever been convicted of a violation of a law other than a minor traffic violation? Yes No If yes, please explain:

the nature of the crime:

the date (month/year):

city and state of the conviction: \_\_\_\_\_

the disposition:

*Conviction of a crime will not necessarily disqualify an applicant from volunteer work.*

Please list two references (non-family members)

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Home Ph#: \_\_\_\_\_ Work Ph#: \_\_\_\_\_

2.) Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Home Ph#: \_\_\_\_\_ Work Ph#: \_\_\_\_\_

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I am willing to participate in the screening, orientation and training procedures involved in becoming a volunteer. I hereby certify that the facts set forth in this volunteer application and any attachments are, to the best of my knowledge and belief, true and correct and that I have not knowingly withheld any pertinent facts or circumstances. I understand that any omission or misrepresentation of fact in this application may result in refusal of or dismissal from volunteer service upon discovery thereof.

I hereby certify that I am providing my services to Lake County Victim Assistance Program as a volunteer. I understand and agree that I will not be legally identified as an employee of the Lake County Prosecutor's office and further, will not be entitled to Workers' Compensation, Unemployment Compensation, or Lake County employee benefits.

I expect no compensation or remuneration for my services and I specifically release and hold harmless, its agents and employees, for any liability or other obligation arising from my services as a volunteer, including, but not limited to, personal injury, loss of property, or contraction of communicable diseases.

I understand that this release shall remain in effect from the date of signature until withdrawn by me.

I expressly give my consent to any discussions regarding the foregoing.

Date: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_