

Lane County District Attorney's Office Victim Services Program Volunteer Application

Please print

Instructions: Please complete **all questions** on the application, sign and return to the address at the bottom of the application.

Name: _____				Date: _____
Last	Middle	First	Nickname	
Other names used: _____				Social Security # (optional)
Residence Address (Street, City, State, Zip Code): _____				Birthdate _____ (Month/Day)
Mailing address (if different) _____				Driver's License # _____
Home phone: _____ Cell phone: _____ Business phone: _____				
Email Address: _____				

Education Completed:

Name of High School, College or University attended	Location (city, state)	Major	Date attended	Degree/Certificate earned

List volunteer or paid jobs held in the past five years, begin with the most recent. Attach additional sheets, if necessary.

Name and address of employer: _____ _____	Name of Supervisor: _____ Phone no : _____ E-mail: _____	Dates employed: _____
Duties: _____ _____ _____		
Reason for leaving:		

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Duties _____ _____ _____		
Reason For Leaving		

Name and address of employer: _____ _____ _____ _____	Name of Supervisor: _____ Phone no. _____ Email: _____	Dates employed: _____
Duties _____ _____ _____		
Reason for leaving		

If you are a student, please answer the following questions:

School: _____	Advisor: _____ Phone #: _____
Years completed: _____	Major/Minor: _____
Degrees/Certificates held: _____	
When will you graduate? _____	Career goals? _____
What are your objectives for this practicum/internship? _____ _____	

Please answer the following questions on a separate sheet of paper:

1. Explain why you would like to work with Victim Services Program, as opposed to another volunteer program.
2. What special abilities or skills do you have that will facilitate your work with crime victims/survivors?
3. Explain your knowledge of and/or past involvement with the criminal justice system.

4. Do you know any individual employed by the District Attorney's Office?
5. Do you speak any other languages fluently? If so, what are they?
6. When are you available to volunteer? (please list times and days available)

References:

References *should not* be related to you.

Name	Email Address	Phone	Nature Of Association
1.			
2.			
3.			

Whom should we contact in an emergency?

Name/Relationship: _____ _____	Home Phone: _____	Cell Phone: _____
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How did you learn about the Victim Services Program?

- Newspaper
 Radio
 Television
 United Way
 Volunteer Match
 Other _____

Authorization Agreement

I understand that being a Volunteer Advocate involves taking on a position of public trust. I authorize the Lane County District Attorney, or his designee, to make a complete investigation of my background. If selected for this position, I agree to follow all laws and ethics imposed upon the staff of the District Attorney's office regarding conduct and protection of confidential information and to follow the directions of the District Attorney and his employees.

Signature

Date

Please return application to:
Lane County District Attorney's Office
Victim Services Program
Attn: Volunteer Coordinator
125 East 8th Avenue, Room 400
Eugene, Oregon 97401-2926