

**VICTIM ASSISTANCE PROGRAM VOLUNTEER APPLICATION**

**INSTRUCTIONS:** Please print and complete form fully in ink.

Mr. \_\_\_\_\_  
Mrs. \_\_\_\_\_  
Ms. (First) (Middle) (Last)

Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City, State, Zip Code)

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

Date of Birth: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

Do you have your own transportation? \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Check one: Employed \_\_\_\_\_ Unemployed \_\_\_\_\_ Self-Employed \_\_\_\_\_ Ret. \_\_\_\_\_

If employed, place of employment: \_\_\_\_\_

Title / Duties: \_\_\_\_\_

No. Years Employed: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Regular Work Hours: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Volunteer Experience ( Where and activities performed): \_\_\_\_\_  
\_\_\_\_\_

Education: High School \_\_\_\_\_ Graduate School \_\_\_\_\_ College \_\_\_\_\_  
Professional / Technical \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If yes, state nature of offense, when and where occurred: \_\_\_\_\_

REFERENCES: List three (3) references not related to you:

\_\_\_\_\_  
(Name) (Address) (Phone No.)

\_\_\_\_\_  
(Name) (Address) (Phone No.)

\_\_\_\_\_  
(Name) (Address) (Phone No.)

How did you hear about the Victim Assistance Program? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you able to commit yourself to being on-call on a given day per-week? \_\_\_\_\_. If no please explain your limitations and the length of time / commitment that you are able to make:

\_\_\_\_\_  
\_\_\_\_\_

Will you be able to attend in-service training sessions at the Sheriff's Office in addition to your regularly scheduled volunteer time? \_\_\_\_\_

VOLUNTEER TIME PREFERRED:

Every effort is made to accommodate the preference of applicants. However, the size of the victim Assistance Program necessitates scheduling volunteer assignments over the course of the work week. Please check below each time (s) and day (s) you would be able to work.

Mon. \_\_\_\_ Tue. \_\_\_\_ Wed. \_\_\_\_ Thurs. \_\_\_\_ Fri. \_\_\_\_ Sat. \_\_\_\_ Sun. \_\_\_\_

Holidays \_\_\_\_ Days \_\_\_\_ Afternoons \_\_\_\_ Evenings \_\_\_\_

Why would you like to work with the victim Assistance Program? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What additional skills and strengths would you like to develop as an outcome of your experience with this program: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

As a volunteer, you will be working with clients of many different ethnic and socio-economic backgrounds. Sometimes clients may have values or beliefs quite different from your own. Please describe why this will or will not present a difficulty or adjustment for you as a service provider.

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Which of the following areas do you have experience and / or interest?

Area	Experience	Interest
Public Speaking		
Crisis Intervention Counseling		
Service to the Elderly		
Graphic Skills		
Publicity		
Statistics		
Community Education		
Typing/Filing/Office Skills		
Fundraising		
Community Resource Development		
Legal Research		
Courtroom Procedures		
Newsletter (graphics, writing, etc.)		

**AUTHORIZATION FOR RECORD CHECK**

In consideration of the Manistee County Sheriff's Office considering me for the Victim Assistance Program, I hereby authorize the Sheriff's Office, its employees, representatives, and agents to make such investigation and inquires of my personal, employment, medical history, driving record, criminal history, and other related matters as may be necessary to determine my suitability for this Program by the County of Manistee. I hereby waive my right to privacy and release employers, schools and/or persons from any and all liability in responding to inquiries in connection with my application for this Program.

In the event of my acceptance to this Program, I understand that false or misleading information given in my application or interview(s) may result in my discharge.

Knowingly and voluntarily given,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Please Print Full Name

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

Witness: \_\_\_\_\_

Please return this form to:

Manistee County Sheriff's Office  
Sheriff Dale Kowalkowski  
1525 E. Parkdale Ave.  
Manistee, MI 49660