

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: _____