

The following application		•	·	_
for the Lake County Prose scheduled prior to the sta		ice Program 24-F	iour Hotilne. An Interv	new will be
1. Name:				
-Last-		-First-		-Middle Initial-
2. Birth Month: 8	k Day:			
3. Address:				
-Street-	-City		-Zip-	
4. Telephone: Home		Hours to Call		-
Business		_ Hours to Call		_
Cell		_ Hours to Call		_
5. E-mail address:				
VAP uses e-mail to comm	unicate calendars, a	nnouncements, e	etc.	
Do you know how to use o	e-mail? YES NO			
6. In case of an emergence	y call:			
Name:	_ Relationship:		_Telephone Number:	
7. Education: High School				-
College	[	Degree		
Year Received/Expected _				
Additional Education				

. Employment: Please list your employment background:	
. Work Experience and/or Community Service (organization name, position held	
0. How did you learn about Lake County Victim Assistance Program?	
1. Have you ever been convicted of a crime with the exception of minor traffic of es No If Yes, please provide an explanation	
2. Have you been a victim of a violent crime within the past year? Yes No 3. Are you currently or have you ever been a hotline volunteer/worker? Yes No yes, when?	
4. Do you have any special limitations which would affect your ability to work on splain:	the phones?
5. Please list 2 references, business and/or professional:	
ame: Relationship ddress	
Please include Street, City, State, and zip code ay Phone:	
ame: Relationship	
ddress	
Please include Street, City, State, and zip code ay Phone:	