

APD Victim Services - Volunteer Application

NAME _____ HOME PHONE _____ WORK PHONE _____

ADDRESS _____ ZIP CODE _____ DATE OF BIRTH _____

SOCIAL SECURITY # _____ DRIVERS LICENSE # _____

MAIDEN NAME _____ E-MAIL _____

EDUCATIONAL BACKGROUND

	UNIVERSITY	DATE OF GRADUATION	MAJOR
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

CURRENT EMPLOYER _____ WORK SCHEDULE _____

PREVIOUS RELATED WORK EXPERIENCE

	EMPLOYER	POSITION	DATES EMPLOYED
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

PREVIOUS RELATED VOLUNTEER EXPERIENCE

	AGENCY	DUTIES	HRS/MO	DATES
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

BRIEFLY EXPLAIN WHY YOU ARE INTERESTED IN BECOMING A VICTIM OUTREACH VOLUNTEER.

How did you hear about volunteering for Victim Services? _____

How many 8-hour shifts per month do you plan to volunteer (minimum of 1) _____?

Which days are you NOT able to volunteer? _____

Which days would you prefer? _____

Have you ever been arrested? _____ If yes, by whom _____

Do you have a criminal record (Class B Misd. or a felony conviction) ____ If yes, what are the charges and disposition? _____

In which of the following area so you have special training or experience. Please explain.

___ Family Violence _____

___ Family/Marriage Counseling _____

___ Adolescents _____

___ Child Abuse _____

___ Death and Dying _____

___ Actively Psychotic Persons _____

___ Sexual Assault _____

___ Suicide _____

___ Alcohol/Substance Abuse _____

___ Criminal Justice System _____

___ Austin Referral Resources _____

____ Other _____

Signature _____ **Date** _____

**Please return to:
APD Victim Services Volunteer Coordinator,
715 E. 8th. St., Austin, TX 78701
Phone 974-5279 Fax 974-6619**