

Amberly's Place
Victim Advocate Volunteer

APPLICATION

Name: _____ Social Security #: _____
(last) (first) (MI)

Address: _____ Date of Birth: _____ Male () Female ()

Languages Spoken: _____ Ethnic Background _____

Phone number: _____ Email: _____

Driver's License: _____ Place of Birth: _____
(# state/class/expiration) (city/town) (state)

Crisis Intervention Course: Yes () No () If yes, when and where: _____

Please provide place of residence for the past 5 years, beginning with your current place of residence:

	Address	City	State	Zip
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Home phone: _____ Work phone: _____ Cell/mobile phone: _____
Pager #: _____ Message phone: _____ Other: _____

Have you ever been a victim of a crime? If so, describe the nature of the crime and how long ago.

Have you ever been arrested for a felony? Yes () No () If yes, list date of arrest, the charge, name of arresting agency:

Have you ever been arrested for a misdemeanor? Yes () No () If yes, list date of the arrest, the charge and the arresting agency:

Have you ever been detained, held, arrested indicted or summoned into any court as a defendant in a criminal proceeding, convicted, fined, imprisoned, placed on probation, and/or ordered to deposit bail or collateral or violation of any law, police regulation or other ordinance or statute: No () Yes () If yes complete the following:

Offense	Date of Offense	Agency	Disposition

List three REFERENCES, (personal or employment):

1. Name/Employer: _____ Address: _____
Phone Number: _____ Length of time known: _____ Relationship: _____
2. Name/Employer: _____ Address: _____
Phone Number: _____ Length of time known: _____ Relationship: _____
3. Name/Employer: _____ Address: _____
Phone Number: _____ Length of time known: _____ Relationship: _____

ORGANIZATION/MEMBERSHIP

Name of Organization	Description	Membership, from/to

I, (print name) _____, certify that to the best of my knowledge, the information provided is factual. This application for the position of Victim Advocate with the Yuma Victim Center is hereby submitted in good faith and I authorize The Yuma Victim Center and /or its law enforcement affiliates to investigate my personal background for the purpose of verifying the information provided on this form. Your signature authorizes our agency to run a criminal history/background check on you, and must be included if we are to consider you as a job candidate.

(Applicant signature) _____ (Date) _____

*Please submit with your resume and any letters of reference you may have

This section is for agency use only:

Date of application review: _____ Agency Representative: _____
(mo./day/year) (Name & Title)

Reference review:

1. Name of individual(s) and or employer: _____

Comments: _____

Date of review: _____
(mo./day/year)

2. Name of individual(s) and or employer: _____

Comments: _____

Date of review: _____
(mo./day/year)

3. Name of individual(s) and or employer: _____

Comments: _____

Date of review: _____
(mo./day/year)

Recommendation: Accept: () Do not Accept: () Accept with conditions: () Hold application for future review: ()

Comments:

Signature of reviewer: _____ Date: _____