

**VICTIM/WITNESS ASSISTANCE PROGRAM**

**RELEASE OF LIABILITY**

As a Victim Assistance Applicant, I relinquish to the Victim/Witness Assistance Program and Prosecuting Attorney's Office from any and all responsibilities and liability for actions that occur while I am acting in the capacity as a Victim Assistance Volunteer. I understand that this relinquish covers only those actions that are not a result of negligence on the part of the affected organizations and/or their agents that I am participating in activities sponsored by these agencies.

I have read this form and agree to the conditions therein.

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**APPLICANT'S PRINTED NAME** **DATE OF BIRTH**

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**APPLICANT'S SIGNATURE** **TODAY'S DATE**

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**APPLICANT'S SOCIAL SECURITY NUMBER**

Taken, subscribed, and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires: \_\_\_\_\_

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**NOTARY PUBLIC**

**In the event of an emergency, please contact:**

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**PRINTED NAME** **RELATIONSHIP**

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**TELEPHONE NUMBER**

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**STREET ADDRESS**

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**CITY** **STATE** **ZIP**