

**VICTIM/WITNESS ASSISTANCE PROGRAM
VOLUNTEER APPLICATION**

NAME: _____ **SS#:** _____

DATE OF BIRTH: _____

**SCHOOL
ADDRESS:** _____
PHONE: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

**HOME
ADDRESS:** _____ **PHONE:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

COLLEGE MAJOR/MINOR: _____

TOTAL COLLEGE HOURS COMPLETED: _____

GPA: _____

PLEASE LIST RELAVANT COURSES BELOW:

WHAT DAYS OF THE WEEK ARE YOU AVAILABLE TO VOLUNTEER?

HOURS AVAILABLE

MONDAY: _____
TUESDAY: _____
WEDNESDAY: _____
THURSDAY: _____
FRIDAY: _____

**WHY ARE YOU INTERESTED IN VOLUNTEERING FOR THE VICTIM
ASSISTANCE DIVISION OF THE PROSECUTING ATTORNEY'S OFFICE?**

**PLEASE LIST ANY TYPE OF EXPERIENCE YOU HAVE HAD WORKING
WITHIN THE CRIMINAL JUSTICE FIELD OR WITH VICTIMS OF CRIME.**

**WHAT DO YOU WANT TO GAIN OUT OF YOUR EXPERIENCE OF
VOLUNTEERING WITH THE VICTIM/WITNESS ASSISTANCE PROGRAM?**

**PLEASE PROVIDE THREE (3) LETTERS OF REFERENCE AND CONTACT
INFORMATION FOR EACH REFERENCE:**

1. NAME: _____ PHONE: _____
ADDRESS: _____
2. NAME: _____ PHONE: _____
ADDRESS: _____
3. NAME: _____ PHONE: _____
ADDRESS: _____

APPLICANT'S SIGNATURE

DATE