

**MONONGALIA COUNTY VICTIM ASSISTANCE PROGRAM  
PROSECUTING ATTORNEY'S OFFICE  
FIRST FLOOR JUSTICE CENTER  
75 HIGH STREET  
MORGANTOWN, WV 26505  
(304) 291- 7286**

**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?**

**HOURS AVAILABLE**

**MONDAY:** \_\_\_\_\_

**TUESDAY:** \_\_\_\_\_

**WEDNESDAY:** \_\_\_\_\_

**THURSDAY:** \_\_\_\_\_

**FRIDAY:** \_\_\_\_\_

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

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

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

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**PLEASE PROVIDE REFERENCE CONTACT INFORMATION AND A LETTER OF RECOMMENDATION FROM ONE OF THE LISTED:**

1. NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_
2. NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_
3. NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

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APPLICANT'S SIGNATURE

DATE