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

RESPONSILBILTIES

As a Victim Assistance Applicant, I understand that I must fulfill certain responsibilities if I am accepted for a position. At a minimum, these responsibilities include:

1. Making the victim with which I will work my paramount concern. Most of these victims are experiencing difficultly with their lives, thus I will give them my full attention and make them my primary focus.

2. Maintaining a professional demeanor, attitude, and behavior at all times. Even though this may be my first experience of working in a professional area, I will make every effort to behave as would be expected of a new professional

3. Refraining from use of illegal substances.

4. Keeping all information gained from the Monongalia County Victim Assistance Program (VAP) and Prosecuting Attorney's Office confidential. I will not discuss agency or victim information outside of the VAP or Prosecuting Attorney's Office.

5. Following the schedule of assigned hours to work. If I cannot attend a scheduled meeting, I will notify the Program Coordinator.

6. Recording all hours that I have volunteered and the duties I performed during my volunteer hours.

7. Meeting with the Program Coordinator regularly so that I can receive updates on important programmatic changes, training on agency matters, and have an opportunity to share experiences and deal with problems I may be experiencing.

8. Complete to the best of my ability the tasks that are assigned to me in the Prosecuting Attorney's Office in a timely manner.

I agree to fulfill the above listed responsibilities and understand if I fail to do so, I may be dismissed from the Victim Assistance Program.

_____
APPLICANT'S PRINTED NAME   DATE OF BIRTH

_____
APPLICANT'S SIGNATURE   TODAY'S DATE

_____
APPLICANT'S SOCIAL SECRUITY NUMBER

Taken, subscribed, and sworn to before me this _____ day of _____, 20___

My commission expires:_____

_____
NOTARY PUBLIC