



Carbon Valley& Mead Victim Services Program

Volunteer Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Name you would like volunteers & staff to call you: _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Occupation: _____
(Please list your current job or your most recent position)

Driver's License Number: _____

****A COPY OF YOUR DRIVER'S LICENSE MUST BE ATTACHED****

Expiration Date: _____ State: _____

Have you ever had your driver's license revoked or suspended, or have you ever been denied issuance of a driver's license?

YES NO
☐ ☐

If yes, please explain:

Social Security Number: _____

Date of Birth: _____

Please indicate days/time you would be available to volunteer:

List your specific skills and talents that might be useful in this volunteer work:

Are you bilingual?	YES ☐	NO ☐	If yes, which languages? _____
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Have you ever been convicted of a misdemeanor?	YES ☐	NO ☐
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If yes, explain:

Have you ever been convicted of a felony?	YES ☐	NO ☐
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If yes, explain:

VOLUNTEER EXPERIENCE

Activity	Agency	Dates

Education

High School: _____ City & State: _____

Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ City & State: _____

Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ City & State: _____

Did you graduate? YES ☐ NO ☐ Degree: _____

References

Please give the name of three references who know your abilities and interests:

Full Name: _____ **Relationship:** _____

Phone: _____

How long have you known this person? _____

Full Name: _____ **Relationship:** _____

Phone: _____

How long have you known this person? _____

Full Name: _____ **Relationship:** _____

Phone: _____

How long have you known this person? _____

Previous Employment

Employment Record: List your work history starting with your present position and working backwards through your past three work experiences. This section must be filled in completely, even if a resume is attached.

Company: _____

Address: _____ **Supervisor:** _____

Type of Business: _____

Job Title: _____

Start Date: _____ **End Date:** _____

Responsibilities:

Reason for Leaving:

Company: _____

Address: _____

Supervisor: _____

Type of Business: _____

Job Title: _____

Start Date: _____

End Date: _____

Responsibilities:

Reason for Leaving:

Company: _____

Address: _____

Supervisor: _____

Type of Business: _____

Job Title: _____

Start Date: _____

End Date: _____

Responsibilities:

Reason for Leaving:

CIVIL LITIGATION

Have you ever been the defendant of a lawsuit or received notice of claim to be sued? If yes, please explain:

DRUG USE

Describe your use of any federally illegal drug AND/OR any drugs not prescribed by your physician and the date you last used:

AUTHORIZATION TO RELEASE INFORMATION AND CONFIDENTIALITY AGREEMENT

As a Volunteer Victim Advocate with the Carbon Valley, Mead Victim Services Program, I am willing to furnish information for use in determining my qualifications. I understand, for security reasons, a basic background clearance check will be conducted; I will be asked to provide fingerprint information; and I will need to pass a Computerized Voice Stress Analysis (CVSA).

I understand that false statements on this application or during the interview process will be cause for immediate dismissal from this volunteer position with the Carbon Valley, Mead Victim Services Program. I understand that the Carbon Valley, Mead Victim Services Program will not have to disclose the reason, if any, for not being selected as a volunteer for this program.

In Signing, I do hereby certify that all information contained in this application is correct and accurate to the best of my knowledge. I further authorize the Carbon Valley, Mead Victim Services Program to verify my criminal history and driving records as part of the background screening process.

If accepted as a volunteer for the Carbon Valley, Mead Victim Services Program, I understand that I may have access to confidential information and agree to respect and maintain **ALL** confidential information whenever presented with it. No exceptions to this policy will be permitted.

Signature: _____ Date: _____