



**COMMUNITY ACTION PARTNERSHIP OF MADERA COUNTY
VICTIM SERVICES CENTER VOLUNTEER APPLICATION**

In order to better choose Paraprofessional Counselors, we ask that all perspective volunteers complete the application form and return it to **Victim Services Coordinator, 1225 Gill Ave. Madera, CA 93637**. Becoming a volunteer with Victim Services Center includes attending all necessary training as well as committing to a minimum of one year of volunteer work after successful completion of training.

Name: _____ SS No: _____ Date: _____
 Address: _____ City: _____ Zip: _____
 Phone No.: _____ DL #: _____ DOB: _____

EMERGENCY CONTACT INFORMATION

Please provide Emergency Contact information below:

NAME		
ADDRESS		
CITY	State	Zip Code
Home Phone Number	Cell Phone Number	

If student, list major and expected date of completion: _____

I can be reached at this number: _____ during these times: _____ to get scheduled for an interview.

E-mail address: _____

Education Background:

EDUCATION	SCHOOL	YEARS COMPLETED	GRADUATE: YES/NO	GPA
HIGH SCHOOL/GED				
BUSINESS/TRADE				
COLLEGE/UNIVERSITY				
OTHER				

PLEASE ANSWER ALL QUESTIONS ON BOTH PAGES

Have you ever worked in any volunteer organization? Please list organization, duties and dates:

Do you have transportation? _____ Do you have automobile insurance? _____

Do you know any Staff/Volunteers that work with Victim Services Center? If yes, please list who: _____

Do you speak and/or write any other languages other than English? _____

Check the areas that you would be interested in helping in:

Crisis Line: _____ Shelter Work: _____ Community Education: _____
 Fundraising: _____ Client Support: _____ Clerical/Office Support: _____

Are you willing to attend the necessary hours of training that are needed in order to complete certification process? _____

How many hours per/week/month are you willing to contribute to the program? _____

What led you to apply as a volunteer for Victim Services Center? _____

How do you see yourself assisting with a program like Victim Services?

List three experiences that you possess that you feel would help you to work with victims of crime?
1. _____ 2. _____ 3. _____

Have you ever been a victim of crime? If so, specify types of crime, where are you now in regards to your own victimization? Please list the type of counseling and contact number. May I contact counselor? _____

Crime: _____ Date or year of Crime: _____

Explain what you have done to recover _____

Type of Counseling or Recovery _____ Contact Number _____

Have any of your family or close friends ever been the victim of a crime?

How did you hear about the Madera Community Action Partnership Victim Services Program?

Have you ever been convicted of a felony? "*****" If yes, please explain.

Have you ever had a drug or alcohol problem? "*****" If yes, when and what steps have you taken to address this problem?

List three references, giving current address, and phone numbers. Please do not exclusively use relatives.

Name:	Address:	Telephone:	Years of Acquaintance
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been treated for any mental health conditions? Are you currently homeless?

Do you currently feel that you need assistance with past personal issues of abuse?

Do you feel that responding to crises calls will cause you to reflect on your personal experience as a victim?

Signature: _____ Date: _____