



Application for Volunteer Work Sexual Assault Assistance Program of the Treasure Coast

Date: _____

Full Name: _____ Maiden _____

Home Address: _____

City: _____ State: _____ Zip Code _____

E-Mail Address: (for Victim Services Volunteer info. ONLY) _____

Phone: Home: _____ Cell: _____

Work: _____ Pager: _____

Date of Birth: _____ SS#: _____

Driver's License # _____ State: _____

Marital Status: _____ Spouses Name: _____

Emergency Contact: _____ Phone: _____

How long have you lived at your current address? _____

Previous Address: _____

_____ How long? _____

Name & Ages of Children: _____

Have you, any member of your family, or a close friend ever been arrested?_____

If yes, please explain: _____

Have you, any member of your family, or a close friend ever been a victim of a crime?_____

Please explain:_____

Educational Level:_____

Degrees or Certificates:_____

Present Employment:

Company:_____

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Position:

Date Employed:_____

Previous Employment:

Company:_____

—

Position:

Dates Employed: From _____ to _____

Supervisor:_____

Please list your past and present volunteer work:

Where Dates Type of work

Please give two(2) professional references:

Name	Address	Phone
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Name	Address	Phone
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Are you interested in working in the office (Victim Assistance Program) or being on-call for the Sexual Assault Assistance Program? _____

How many months per year are you available? 6mos _____ 9mos _____
12mos _____

What days of the week are you available? M T W T H F S Sun

What hours of the day/night are you available? _____

Are you bilingual? Yes _____ No _____ If yes, please specify: _____

Do you know sign language? Yes _____ No _____

Do you have reliable transportation? Yes _____ No _____

Please check the skills you could contribute:

Typing: _____ Word Processing: _____ Filing: _____ Phone calls: _____

Other computer skills: _____

Other areas of interest: _____

What personality characteristics (or related experiences) do you have that you feel would make you effective in dealing with victims of crime.

Please state the reasons you wish to volunteer for the Sexual Assault Assistance Program:

CERTIFICATION: I hereby certify that all the statements made by me in this application are true, correct and complete to the best of my knowledge. I also give full permission for the Office of the State Attorney to make any inquires into my present and past personal and business status as may be deemed necessary in the interest of the department and my appointment therein.

Date

Volunteer Signature

Please return to:

Attn: Alicia Rockwell, Volunteer Coordinator
411 SOUTH SECOND STREET FORT PIERCE, FL 34950
OFFICE NUMBER (772) 462-6850 FAX (772) 462-6822
E-MAIL: arockwell@sao19.org