

**MARION COUNTY DISTRICT ATTORNEY'S OFFICE
VICTIM ASSISTANCE DIVISION
VOLUNTEER/INTERN/PRACTICUM APPLICATION**

It is the standard procedure of the District Attorney's Office to reserve the right to confirm your responses to the questions below. Any checks we make into your background will be confidential, and in a manner designed not to cause you embarrassment. Please feel free to discuss this with the Volunteer Coordinator before you complete this form. It is our goal to give you a rewarding volunteer or practicum experience, while giving our victims' quality service.

PLEASE COMPLETE THE FOLLOWING:

Full Name: _____ Date: _____

Other Names Used: _____

Address: _____

Mailing Address (if different): _____

Home telephone: _____ Business: _____ Message: _____

E-Mail address: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State: _____

Do you have reliable transportation: _____ (If accepted as a victim advocate, you will need to provide proof of vehicle insurance).

PLEASE TELL US ABOUT YOUR CURRENT OR LAST EMPLOYMENT:

Name of Employer: _____ Supervisor: _____

Your Job Title: _____ From _____ To _____

Describe Your Duties: _____

IF YOU ARE INTERESTED IN AN INTERNSHIP/ PRACTICUM, PLEASE ANSWER THE FOLLOWING QUESTIONS:

School: _____ Advisor: _____

Years Completed: _____ Major/Minor: _____

Degrees/Certificates Held: _____

When will you graduate? _____

What are your career goals? _____

Your objectives for this experience: _____

EDUCATION COMPLETED: High School: _____ College: _____ Graduate: _____

If College Degree Received: _____

REFERENCES: Please list two people who know you professionally or personally. (No relatives please.)
Please list people you have known for a minimum of 2 years.

Name: _____ Relationship: _____ Telephone _____

Address: _____

Name: _____ Relationship: _____ Telephone _____

Address: _____

PLEASE DESCRIBE YOUR VOLUNTEER EXPERIENCE:

Organization: _____ Telephone: _____

From: _____ To _____ Supervisor: _____ Title: _____

Your duties: _____

Organization: _____ Telephone: _____

From: _____ To _____ Supervisor: _____ Title: _____

Your duties: _____

WHY DO YOU WANT TO BE A VOLUNTEER WITH THIS PROGRAM? _____

HOW DID YOU LEARN ABOUT THIS PROGRAM? _____

OTHER TRAINING OR EDUCATION YOU WOULD LIKE US TO KNOW ABOUT: _____

DAYS AND TIME AVAILABLE (Check all that apply):

Weekday Business Hours (8:30-5:00) _____ Evenings _____ Weekends _____
Ability to attend required monthly meetings YES _____ NO _____

WE HAVE SIX MAIN AREAS OF SERVICE. PLEASE INDICATE BY "YES" OR "NO" YOUR AREA OF INTEREST. Advocate positions require completion of a *basic* 48-hour training provided by the Victim Assistance Division. After acceptance into the program, this training qualifies an advocate to carry day cases, as well as perform the duties of a Sexual Assault Advocate. Children's and Juvenile advocacy is combined and requires an additional 16 hours of training. Domestic Violence advocacy also requires an additional 16 hours of training. All trainings except *basic* are optional, although applicants are encouraged to attend. A 24-hour Sexual Assault Advocate ONLY training is also available.

___ **Sexual Assault Victim Advocate:** On call for a minimum of one 24 hour period during the month. Responds to a call from Law Enforcement, and meets the officer and the victim at the hospital or approved location to provide information and support.

___ **Day Advocate:** Is available during weekday business hours to attend court hearings with victims. Is the assigned advocated to victims in one or more cases. (Number of cases is volunteers' choice) **Choose from below what type of cases you might be interested in.**

___ **Children's Advocate:** Same as a Day Advocate, but also includes providing specialized support for child victims throughout the legal process.

___ **Juvenile Advocate:** Same as day advocate. Advocate only working with victims of juvenile offenders, usually at the Juvenile Department.

___ **Domestic Violence Advocate:** Same as day advocate to work with victims of domestic violence.

___ **Office/Clerical Support:** Provide clerical and office support functions in the Victim Assistance Office. This can include typing, answering the telephone, computer input, filing, mailings, and other support duties. This can be on going or on an as-needed basis.

WHOM SHOULD WE CONTACT IN AN EMERGENCY:

Name: _____ Day Telephone: _____

Relationship: _____ Night Telephone: _____

I understand that the District Attorney's Office will verify the information in my application and that failure to provide true and complete information is grounds for disqualification from participating in the volunteer/internship program.

Signature of Applicant

Date

Interviewed by: _____

Date _____

Recommendation: _____