

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 three people who know you professionally or personally. (No relatives please.)

Name: _____ Relationship: _____ Telephone: _____

Name: _____ Relationship: _____ Telephone: _____

Name: _____ Relationship: _____ Telephone: _____

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 (Third Thursday of every month, 6:00 pm – 8:00 pm)

YES _____ NO _____

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 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 some weekday business hours to attend court hearings with victims. Is the assigned advocate 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. In order to choose from list below- you must also be a day advocate.

 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: working 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: _____

WALTER M. BEGLAU
DISTRICT ATTORNEY

DONALD D. ABAR
PAIGE E. CLARKSON
COURTLAND GEYER
JEAN L. KUNKLE
TRIAL TEAM LEADERS



CARL R. STECKER
FAMILY SUPPORT CHIEF DEPUTY

KIMBERLY A. LARSON
VICTIM ASSISTANCE DIRECTOR

CINDI L. AUDISS
ADMINISTRATIVE MANAGER

MARION COUNTY DISTRICT ATTORNEY
P.O. BOX 14500, 555 COURT ST NE
SALEM, OREGON 97309

**PRE-VOLUNTEER EMPLOYMENT AGREEMENT
AND
AUTHORIZATION TO RELEASE INFORMATION**

I, _____, understand and agree that being accepted as a volunteer with the Marion County District Attorney's Office is contingent upon investigation of my background, including but not limited to, character, criminal and arrest history, past employment and education.

I further understand that this document, signed by me, authorizes the Marion County District Attorney's Office to investigate employment records, criminal records, and any other records necessary to determine my job-related qualifications for a volunteer position with the Marion County District Attorney's Office.

____ (Please initial) I have never been ARRESTED for ANY crime other than a minor traffic violation.

____ (Please initial) I have never been cited and released for ANY crime other than a minor traffic violation.

____ (Please initial) I have never been convicted of ANY crime.

If you were unable to initial any of the above statements, please explain fully in writing and attach to this document. Should any of the statements or claims stated herein be found false, I fully understand that I may be terminated and disqualified from future placement considerations with the Marion County District Attorney's Office.

The recipient of a copy of this signed document is hereby authorized and indemnified to divulge information concerning my character, criminal history, education and past employment and to allow a delegated representative of the Marion County District Attorney's Office to examine such records. I hereby release you, your organization, and others from any liability or damage, which may arise from furnishing information requested.

PLEASE SIGN BELOW

SIGNATURE

WITNESS OF SIGNATURE REQUIRED

DATED

DATED