

# Division of Victim Services

## Volunteer Application



### Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

### Availability

During which hours are you available for volunteer assignments?

\_\_\_ Weekday mornings      Hours per week:

\_\_\_ Weekday afternoons      Hours per week:

### Experience

Describe your experiences with the criminal justice system, including paid or volunteer positions.  
List any experience as a juror, witness, victim, etc.

### Expectations

Tell us why you'd like to become a volunteer with the Division of Victim Services.  
What do you hope to gain from this experience?

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that I must pass an extensive background check before being accepted as a volunteer.

Name (printed)	
Signature	
Date	

## Instructions

Please attach a resume or CV.

Mail or email to the appropriate region where you wish to volunteer and someone will contact you.

Thank you for your interest.