Townhall II Crime Victim Advocacy Application

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred phone number: ( )- -

Best times to reach you:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where did you hear about this volunteer opportunity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Record of Education**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School |  Name and Address of School | Courseof Study | Circle LastYearCompleted | Did you Graduate? | List Diplomaor Degree |
| HighSchool |  |  | 1 | 2 | 3 | 4 |  \_\_\_ Yes \_\_\_ No |   |
|  |
|  |
| College |  |  | 1 | 2 | 3 | 4 |  \_\_\_ Yes \_\_\_ No |  |
|  |
|  |
| Other(specify) |  |  | 1 | 2 | 3 | 4 |  \_\_\_ Yes \_\_\_ No |  |
|  |
|  |

Have you completed any special courses, seminars and/or trainings that apply to a crime victim advocate volunteer?

YES ( ) NO ( ) If yes, please describe why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List three benefits that you might expect to receive from volunteering at Townhall II

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List three qualities you possess that will help you as a crime victim advocate volunteer

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you currently have a car and valid driver’s license? YES ( ) NO ( )

Is there any reason as to why you would not be able to travel to hospitals, court houses, police stations, and Townhall II? YES ( ) NO ( ) If yes, please describe why:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you available on Thursday nights from 6-10PM? YES ( ) NO ( )

I certify that all answers given by me are true, accurate and complete, I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of acceptance as a volunteer or immediate termination of my volunteer position, regardless of when or how discovered.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chosen applicants are required to submit to a Criminal background check. Direct Service cannot begin prior to the successful completion of this. Information on where to obtain this service will be provided by Townhall II. It is the Agency's policy not to discriminate against any person or group of persons on the basis of; race, ethnicity, age, color, religion, sex, sexual orientation, national origin, disability, and veteran status in the recruitment, selection, evaluation or retention of volunteers**

Please email applications to: ArissaS@townhall2.com

If you have any questions please call: Arissa Shupe at 330-678-3006

Applications can also be turned into our agency at: 155 N. Water St. Kent, OH 44240

