

**Victims Services
Behavioral Connections**

Advocate Application

Please read this carefully and sign:

- It is **IMPERATIVE** that an Advocate commits to covering a minimum of 3 monthly on-call shifts (this is based on the advocate's availability).
- Due to our extensive training process, we require a minimum of twelve months of volunteer service once the training session is completed (the 12 months do not need to be continuous).

By signing below, I acknowledge that I understand and can meet the requirements as stated above.

Applicant's signature

Date

Name: _____

Today's date: _____

Present address:

Parent/s names and address(es) (if a student):

E-mail address: _____

Cell phone: _____

Home phone: _____

Parent/s phone: _____

Do you have a valid driver's license? ____ If no, explain: _____

Do you have any driving restrictions due to traffic accidents, violations, etc.? _____

Do you have a vehicle available to you for your use while on-call? _____

(You do not have to have your own personal vehicle, but you must have a car available to use when you are on-call. This might be a roommate's, friend's, family member's, co-worker's, etc. vehicle.)

How did you find out about Victims Services volunteer opportunities? _____

EDUCATIONAL HISTORY

High school(s) attended, city, state: _____ Yr. of grad. _____

College(s) attended and dates: _____

If currently a student, what year are you in school? ___Fr. ___ So. ___Jr. ___ Sr. ___ Grad. Student

Date (or expected date) of graduation from college: _____

Major(s): _____ Minor(s): _____

Training/Education other than college: _____

BACKGROUND CHECK:

Have you ever been arrested for and/or convicted of a felony? If yes, what? _____

In what county/state? _____

EMPLOYMENT HISTORY: (Begin with current employer)

1. _____ Start/stop date: _____

Position/duties: _____

2. _____ Start/stop date: _____

Position/duties: _____

VOLUNTEER SUITABILITY

Please answer in as much detail as you wish. You can use an additional sheet if desired:

1. Have you ever volunteered? When? Where? What did you like best about volunteering?

2. Describe your hobbies/activities/special interests. List any clubs/organizations you belong to.

3. Why do you want to volunteer with Victims Services?

4. Why do you feel suited to be an advocate? (What skills/abilities/characteristics do you have to offer)?

OPTIONAL

The following information will be used only to compile statistics as required for grant reports, and will not be used to determine your volunteer employment with Victims Services. All answers are voluntary and confidential.

Gender _____

Date of Birth _____

Race/Ethnicity category _____

 Black/African American _____

 Hispanic/Latino _____

 Asian/Asian-American or Pacific Islander _____

 Native American/Alaskan Native _____

 Bi-racial/Multi-racial _____

 White/European-American _____

Veteran of the U.S. military? Y/N _____

Are you a person with a disability (i.e., hearing impaired, sight impaired, physically challenged, etc.)? If so, please indicate the disability. Would this affect your performance on the job? What accommodation is being requested, if any?

To apply, please send the Application via e-mail to victims@bc.wcnet.org or by U.S. mail to Julie Broadwell, Behavioral Connections, P.O. Box 29, Bowling Green, OH 43402. Thank you for your interest!