

Ulster County Crime Victim Assistance Program
5 Pearl Street Kingston NY 845-340-3443

VOLUNTEER APPLICATION

Please Print All Information

Name: _____ **Date of Birth:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Physical Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **May we call you at work?** Y N

E-mail: _____

Emergency Contact: _____ **Relationship:** _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____

Your responses to the following questions will remain confidential. This information will be discussed in greater depth in a private interview.

What is the highest level of education you have completed?

Grades: 1-5 6-9 11-12 College Business Graduate School Technical/Vocational

College/ Business/ Graduate School Technical/Vocational Attended: _____

Degree earned: _____ **Major:** _____

Describe any training or education you have received related to crisis intervention services.

Work Experience

Current employer: _____

Position: _____ Began job on (date): _____

Supervisor: _____

Phone _____ email _____

Responsibilities: _____

Previous employer: _____

Position: _____

Began job on (date): _____ Ended job (date): _____

Supervisor: _____

Phone _____ email _____

Responsibilities: _____

Left position because: _____

Volunteer Experience

Agency: _____ Contact: _____

Email: _____ Phone Number: _____

Your Activities: _____

Length of Involvement: _____

Agency: _____ Contact: _____

Email: _____ Phone Number: _____

Your Activities: _____

Length of Involvement: _____

Describe any community activities you are or have been involved in: _____

Have you, a friend or a family member ever been a victim of a crime? Please describe the situation.

Have you ever been a counseling client of UCCVAP? Y N If yes, when? _____

How did you hear about the Crime Victims Crisis Hotline volunteer program?

Why do you want to volunteer for UCCVAP? How do you expect to benefit from participation in this program? _____

What qualities do you think you can bring to the program? What qualities can you offer to our clients? _____

Are you fluent in any language other than English? Y N

If yes what language? _____

Do you have a clean driver's license? Y N

Do you have a reliable car? Y N

Do you have any medical conditions that we should be aware of? Y N

if yes please explain: _____

Commitment

If you are interested in becoming a crisis counselor, can you commit to attending the 40 hour training class? Y N

Are you able to commit to volunteering with RCVCC for at least one year following your completion of training? Y N

Will you be able to attend required regular in-service training meetings (10 hours per year)?

Y N If no, explain: _____

Are you willing to complete paperwork, keep track of services, and document all client contact?

Y N If no, explain: _____

Criminal History

Have you been arrested/ convicted of a crime other than a traffic violation? Y N

If yes, what charge? _____ Where? _____

When? _____ What was the disposition? _____

Please give a brief description of the offense: _____

Are you currently on probation or parole or completing community service hours? Y N

If yes, explain. _____

Have you ever been the subject of an indicated CPS (Child Protective Services) report? Y N

If yes, where? _____ When? _____

Please give a brief description of the offense: _____

Do you consent to a routine check of your criminal records? Y N

Please list three references of people who know you well, other than relatives, preferably for whom you have worked in either a paid or volunteer capacity and daytime telephone numbers for each.

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

I hereby apply to volunteer with the Ulster County Crime Victim Assistance Program and certify that I have made no falsifications, misrepresentations, or omissions in this application.

I _____ give permission to the UCCVAP to contact my listed references and to conduct a background check. I have reviewed the volunteer description provided, and believe that I can fulfill the expected responsibilities and commitment time upon successful completion of the Crime Victims Crisis Hotline training program.

(Signature)

(Date)