

Ulster County Crime Victim's Assistance Program
5 Pearl Street, Kingston NY 12401, 845-340-3443

VOLUNTEER APPLICATION

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

_____ May we call you at work? _____

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? _____

Degree earned? _____

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

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

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

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

Do you have a clean drivers license? _____

Do you have a reliable car? _____

Are you 18 years of age or older? _____

Are you fluent in any language other than English? _____

Have you been convicted of a misdemeanor or felony crime? _____

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

Do you have any medical problems that we should be aware of?

Please provide three references and daytime telephone numbers for each.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

I agree that the above information is complete and accurate. I have reviewed the volunteer description provided, and believe that I can fulfill the expected responsibilities upon successful completion of the Crime Victims Crisis Hotline training program.

(Signature)

(Date)