Please print out and complete this application. Then, return to CVA by email, in-person, mail or fax to: CVA – Volunteers, 250 N. Baxter, Coquille OR, 97423 / email: <u>hthompson@co.coos.or.us</u> / fax: 541-396-1015

Coos County Crime Victims' Assistance <u>Volunteer Application</u>

Name: (please print)				
Address:				
City / St / Zip:				
Primary Contact Phone:				
Would you rather get a phone call or text?				
Email Address:				
Emergency contact phone:				
Emergency contact name and relationship:				
CVA has three volunteer roles for which they need volunteers. Which role(s) do you see yourself in?				
□ Office Assistant □ Court Navigator □ Advocate support (see our webpage for descriptions)				
Please list any positions you have held, prior training, and/or work experience you have received that would be relevant to this volunteer position. Please describe all of the skills you have acquired, and experience you've had that would make you suitable for this volunteer role: <i>(use additional sheet of paper if needed)</i>				
	2			
If you are currently employed, where	<u></u>			
Supervisor's name and contact # Are you currently a volunteer with another organization? Image: Supervisor's name and contact # Image: Supervisor * I				
If yes, please tell us where, and what you do there?				
CVA offers 4-hour shifts: morning (8:00 am - 12:00 pm) and afternoon (1:00 pm – 5:00 pm) After each day, please write-in "AM" or "PM" for the shift(s) you are available for.				
Mon:	Tues:	Wed:		
Thurs:	Fri:			
Education				
Please check all that apply:				
I graduated from college	School:	Major:		
I have a high school diploma				

I am 18 years of age or older	🗖 Yes	□ No
I am a resident of Oregon	🗖 Yes	□ No
Are you willing to take a drug test if requested?	🗖 Yes	□ No
Where you convicted of a crime in the last 6 months? Conviction does not necessarily disqualify you If yes, please explain:		□ Yes □ No
Exclude those cases processed in Juvenile court and minor traff	ic violations	ns. Please attach a sheet if more space is needed
Please Provide Three (3) Personal References		
Contact Name:	Relat	ationship:
How long have you known each other?	Best	t Contact #:
Contact Name:	Relat	ationship:
How long have you known each other?	Best	t Contact #:
Contact Name:	Relat	ationship:
How long have you known each other?	Best	t Contact #:

Please Read Carefully Before Signing

I understand that being a volunteer with the Crime Victims' Assistance Program involves a position of public trust. I authorize the Coos County District Attorney's Office to check my criminal history. If selected as a volunteer, I agree to obey all laws and adhere to a standard of ethics regarding my conduct and the protection of confidential information. I agree to follow the direction of the Victims' Assistance Program and the Coos County District Attorney's Office.

Print Full Name

Coos County Crime Victims' Assistance



CONSENT FOR BACKGROUND INVESTIGATION

I understand that working for the Crime Victim Assistance Program in the District Attorney's Office is a position of great public trust. I understand that I may have access to confidential information that should not be shared with others outside the District Attorney's Office.

I agree that any information that I may learn will not be disclosed to others outside this office. I agree to follow all of the laws and rules of ethical conduct imposed upon members of this program and the District Attorney's Office. I also agree to submit to the Director of the Crime Victim Assistance Program any written materials regarding my work for this office so that they may be reviewed for confidential information prior to publication.

I further agree that the District Attorney may conduct a background investigation, including a computerized criminal history, to confirm my suitability for this position.

Date:		
Volunteer Candidate's Signature:		
Volunteer Candidate's Printed Name:		
Date of Birth: Social Security:		
Address:		
Driver's License: (state and number)		
Please list any other names you have used in the past:		