



Volunteer/Job Shadowing Application

Crime Victim Services helps victims prevail over the trauma of their victimization by assisting and advocating for safety, healing, justice and restitution. We sometimes have opportunities for volunteers to help us serve victims. We welcome you to join us in our mission to help all victims every time.

Name: _____

Address: _____ City, State, Zip _____

Home # _____ Cell # _____

Work # _____ E-mail _____

Emergency Contact #1: Name _____ **Phone #** _____

Relationship _____

Emergency Contact #2: Name _____ **Phone #** _____

Relationship _____

I consent to a background check: Yes No

Have you been convicted of an OVI or any other offense in the last 5 years? ___Yes ___No

If yes, please explain: _____

1 - Do you have a valid driver's license? ___Yes ___No

2 - Do you have car insurance? ___Yes ___No

3 - How did you first hear about Crime Victim Services?

4 - Do you volunteer in any other organization? ___Yes ___No

If yes, where? _____



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5- Please list the skills you want to utilize as a volunteer (fund raising, general office work, such as typing, copying, bulk mailings, etc., cleaning, tending information booths/events) and any other talents you have which could benefit Crime Victim Services:

6 - What has caused you to have an interest in being a volunteer/job shadowing?

7 – With which Crime Victim Services Departments are you primarily interested in working?

Elder Victim Ministry, Rape Crisis/Human Trafficking/Prevention, Court Advocacy,
 CASA (Court Appointed Special Advocates), Administration (circle choice(s): Personnel, Legislation,
Clerical Guardian Program

8 – Is the information you provided on this form correct and up to date? Yes No

Signature: _____

Date: _____

Thank you for your interest in volunteering with our agency!

When returning this application, please attach a resume and complete the following form with employment history/school experience and a minimum of three (3) non-relative references.

Please sign and mail to:

Crime Victim Services of Allen County
330 N. Elizabeth Street, 2nd Floor
Lima, Ohio 45801.

Or, you can scan and email the application to: chris@crimevictimservices.org.



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EMPLOYMENT HISTORY/SCHOOL CURRENTLY ATTENDING (if applicable)
(List most recent experience first)

Name, Address & Phone No.	Position(s) Held	Dates (Start-End)

REFERENCES (non-relative)

Name & Address (Include City, State and Zip)	Phone	How long known