

SHASTA COUNTY CRIME VICTIM ASSISTANCE CENTER

VOLUNTEER APPLICATION

The information on this form will help us find the most satisfying and appropriate
volunteer assignment for you.

*Your acceptance as a volunteer is contingent upon a successful completion of a background check.

PLEASE PRINT CLEARLY

Last Name _____ First Name _____

Address _____ Apt. # _____ City _____ State _____ Zip Code _____

Home Telephone _____ Work Telephone _____

Are you over the age of 18? YES _____ NO _____ Social Security # _____ - _____ - _____

CA Driver License or ID # _____

Are you currently a student? YES _____ NO _____ Name of School: _____

Degree or Certificates: _____

Other Training: _____

Languages Read: _____ Speak _____ Write _____

Occupation: _____

Employer: _____

(address) (city) (state) (Zip)

Duties: _____

Supervisor: _____ Phone #: _____

May we contact your employer for reference? YES NO

List one alternative reference we may contact: (may be friend, professor or employer)

Name: _____ Phone # _____

Address: _____

Relationship: _____

Prior Volunteer Experience (include dates):

List any job-related organizations, clubs, professional societies, associations which you may belong to:

How did you hear about our program? _____

Time you have available for volunteer work: # Hours per week _____

Approximate Length of Commitment: 1-3 months 2-4 months 4-6 months 1 year+

Days and Hours available:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Have you ever been convicted of a felony? YES ___ NO ___

Have you ever been convicted of a misdemeanor in the last 5 years? YES ___ NO ___

If yes, explain: state charge(s) when and where convicted and disposition of the case(s):

No applicant will be denied a volunteer opportunity solely on the grounds of conviction. The nature of the offense, the surrounding circumstances and the relevance to the volunteering opportunity will be considered.

Name one person to be notified in case of accident or emergency:

Name: _____ **Address:** _____

Phone Number: _____ **Relationship:** _____

I understand that my individual services are being offered on a voluntary basis without anticipation of any financial reimbursement and I shall indemnify and hold harmless CVAC, its Boards and Commissions and their officers, agents and employees from and against all claims, demands, loss or liability of any kind or nature for any possible injury incurred during volunteer service.

I also understand that by applying as a volunteer with CVAC, I will commit to the agency for a period of time agreed upon myself and the Program Supervisor. As a volunteer with CVAC, I agree to maintain state mandated automobile liability insurance. It is also my understanding that a routine criminal record check is required.

Volunteer Signature: _____ Date: _____

Office Use Only

Interviewed By: _____ Date: _____ Record Check Initiated: _____ Cleared: _____

Program Coordinator Signature _____ Date: _____

Please print the completed application and drop off at the address below:

SHASTA COUNTY DISTRICT ATTORNEY
CRIME VICTIM ASSISTANCE CENTER
1355 WEST STREET
REDDING, CA 96001

Or email:

* if this button does not work for you, please save the form, attach it and send to
davolunteer@shastacounty.gov