



VOLUNTEER APPLICATION

It is the standard procedure of Wally's House to reserve the right to confirm your responses to the questions below. Any checks made into your background will be confidential. Please feel free to discuss this with the Volunteer Coordinator prior to completing the application. It is our goal to give you a rewarding volunteer experience, while providing our clients with quality service.

PLEASE COMPLETE THE FOLLOWING:

FULL NAME: _____
 LAST FIRST MIDDLE

HOME ADDRESS: _____

MAILING ADDRESS (if different): _____

TELEPHONE NUMBERS: HOME: _____ CELL: _____

DRIVER'S LICENSE #: _____ DATE OF BIRTH: _____

EDUCATION AND TRAINING:

High School, College, Nursing, Military, Trade, Business, or other education/training

Name/Location	Dates Attended	Course of Study	Degree/Certificate

VOLUNTEER EXPERIENCE: (Please describe any previous volunteer experience you have had. Attach additional pages as necessary.)

Organization: _____ Phone #: _____

From: _____ To: _____ Your Duties: _____

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WORK EXPERIENCE:

Begin with your present, or if not presently employed, your most recent position

1.

Employer:	Address/Telephone:
Your Title:	Supervisor's Name:
Duties: (be specific)	Start Date:
	End Date:
	Reason for Leaving:

2.

Employer:	Address/Telephone:
Your Title:	Supervisor's Name:
Duties: (be specific)	Start Date:
	End Date:
	Reason for Leaving:

REFERENCES: Please list three people who know you personally or professionally. (No relatives please.)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

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How did you learn of the volunteer opportunities with this program? _____

Why do you want to volunteer with the Crime Victim Assistance Program? _____

Please tell us about other interests/hobbies you have: _____

AREAS OF INTEREST: Please indicate by "yes" or "no" from the following volunteer descriptions

_____ Victim Advocate: Is available during weekday business hours to correspond with victims and meet with victims and their family, as they come to the office; also assigned victims to assist through the legal process.

_____ Office/Clerical Support: Provides clerical and office support functions in the Wally's House Office. This can include typing, computer input, answering phones, filing, mailings, and other support duties.

EMERGENCY CONTACT: Whom should we call in an emergency?

Name: _____ Relationship: _____

Day Phone: _____ Cell Phone: _____

I understand that the District Attorney's Office/Wally's House will verify the information in my application and that failure to provide true and accurate information is grounds for disqualification from participating in the volunteer advocate program. I authorize the District Attorney's Office to perform the required criminal background check by obtaining information from the Oregon State Police, D.M.V., and other law enforcement records.

Signature of Applicant

Date

PLEASE RETURN APPLICATION TO:

Curry County District Attorney
Wally's House –Curry CAIC
94166 8th Street
PO Box 1845
Gold Beach, OR 97444

Please call:

(541)247-3340

If you have any questions