

CRIME VICTIM ASSISTANCE CENTER Special Event Packet

So, what did you do last night?

I finished my training.
I went to an out of town conference.
I distributed materials.
I realized it happens.
I answered the phone.
I met her at the police station.
I sat in the waiting room with the parents.
I realized it happens here.
I played with the kids.
I told her it wasn't her fault.
I brought a family food and clothes.
I found them a safe place to live.
I realized it could happen to someone I know.
I spoke with the police.
I held her hand through the court proceedings.
I held my breath and waited.
I saw her smile for the first time.

I realized it could happen to me.

One night a month.

The opportunity to make an impact that will
last a lifetime.

Call the Crime Victim Assistance Center today to learn
how you can become a volunteer.
254-629-3223/254-559-4000

Application _____

Interview _____

Training complete _____

Crime Victim Assistance Center
P.O. Box 1010
Eastland, Texas 76448
254-629-3223 Toll Free 888-686-3222

Volunteer Application

Please Print All Information

Date: _____

Name: _____ DOB _____ SS# _____

Address _____

City _____ Zip _____

Phone: (H) _____ (W) _____

Employer _____ Can you receive calls at work? _____

Emergency Contact: _____ Relationship _____
Phone _____

Bilingual? YES NO Language _____

Volunteer Experience

Please list all present or past volunteer experiences (add additional pages if needed)

Program/Agency	Position	Supervisor
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Program/Agency	Position	Supervisor
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Describe your education, training, skill, and talents:

Application _____

Interview _____

Training complete _____

Which volunteer opportunity (s) are you interested in? Check all that apply.

Fundraising____ Office____ Education____ Other (Please Describe) _____

When can you volunteer: _____ Weekdays _____ Evenings _____ Weekends?

How many hours would you like to volunteer? Per month_____ Week_____

References: -Please list three people other than relatives:

Name	address	Phone (work/home)
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Name	address	Phone (work/home)
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Name	address	Phone (work/home)
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How did you learn about our program?

What do you hope to gain by volunteering for this program?

Are you currently on probation or parole or completing community service hours?

Have you been arrested, charged or convicted of a crime(s)? If yes, please explain.

Thank you for your interest in this program. We appreciate your desire to become a volunteer. Please note that we will screen each applicant and check his or her references.

I have read and understand the above information.

Signature
For Staff use

Date

Application_____

Interview_____

Training complete_____

**CRIME VICTIM ASSISTANCE CENTER
Eastland County Crisis Center, Inc.**

PERMISSION TO OBTAIN INFORMATION

This document authorizes the Crime Victim Assistance Center or its research agent to seek and/or verify specific information about my background. I understand that this authorization applies whether I am a current employee, a candidate for employment, or seeking to provide contract services as an independent contractor.

I specifically authorize that background information be sought in the following areas, and agree to release from any liability the agencies, prior employers, individuals, and other entities which provide the information to the extent that the information given is true and accurate.

- Criminal history record in any jurisdiction
- Work Performance, attendance, and job related information

I agree to assist in this effort by calling prior employers and asking for full disclosure of my employment history.

I further understand that information obtained may be used by this employer in its sole discretion and without liability, to determine eligibility for initial or continued employment, to grant or deny my permission to enter onto employment property, or that of its affiliated companies.

I further understand that this information will become part of my personnel record at this employer and will be held in the confidence accorded all such records.

I acknowledge that I have read and understand this form and have had an opportunity to ask any questions about it.

Please print:

_____	_____	_____	_____	_____
First Name	Middle Initial	Last Name	Social Security #	Date of Birth
			_____	_____
			Drivers License #	State of Issue

Signature:

_____	_____
Applicant	Date

Application_____	Interview_____	Training complete_____
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