



Volunteer Application

Reno Police Department
Victim Services Unit



Name: _____

Date of Birth: _____

Address: _____

Home Phone: _____

Work/Cell Phone: _____

E-mail: _____

Social Security #: _____

Preferred method of contact: Email Home phone Work/Cell Mail

Are you retired? Yes: No:

Are you interested in a *general* volunteering or *victim advocacy*? _____

Are you currently enrolled in school? Yes: No:

If yes, where: _____ Course of study: _____

How did you hear about our program? _____

Please describe why you want to volunteer with VSU:

Please describe any training and/or experiences (personal or professional) that would make you well suited to be a victim advocate (you may attach add'l pages):

Share briefly your understanding of domestic/intimate partner violence:

Please list recent employers and/or volunteer experience:

Organization or Company	Position/Duties	Dates	Contact Information

Have you ever been convicted of a criminal offense other than a minor traffic violation?

Yes No

If yes, please describe type of offense, date, law enforcement agency, and current status:

Have you or anyone close to you been a victim of a crime in the last twelve months?

Yes No

If yes, please indicate your relationship to the victim and give a brief description of the event:

If Reported, which agency: _____

Do you speak a language other than English? Yes No

If yes, which languages? _____

Please indicate any additional skills or interests you have that would benefit the V.S.U.:

Literature Development Website Fundraising Special Projects

Editing Photography Sewing/Crafts Organizing Graphic Arts

Other: _____

Please list one professional and one personal reference.

Name:	Address:	Phone:
Name:	Address:	Phone:

Please indicate when you are available to work.

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning							
Afternoon							
Evening							

Do you have a valid driver's license and access to a working vehicle?

Yes No

DL#: _____

State: _____ Exp: _____

Emergency Contact:

Name:	Relationship to you:	Home Phone:
Address:		Work Phone:

I hereby certify that all statements made in this application are true, and I understand that any false statement of material facts herein may cause forfeiture on my part of all rights to intern with the City of Reno.

Signature

Date

Return to Paula Hlade at RPD P.O. BOX 1900, Reno, NV 89505; FAX: 334-4257; hladep@reno.gov