

**SAN MARCOS POLICE DEPARTMENT
CRISIS RESPONSE TEAM VOLUNTEER APPLICATION**

Name _____
Maiden Name _____

Home PH _____ Work PH _____
Cell PH _____ E-Mail address _____

Address _____ Zip Code _____

Date of birth _____ Social Security # _____
Driver's License # _____

Name of Emergency Contact Person _____
Address and Phone # _____

Current Employment _____
Address _____
Present Work Schedule _____

LIST THREE PERSONAL REFERENCES:

Name _____
Address _____
Phone # _____ Relationship _____

Name _____
Address _____
Phone # _____ Relationship _____

Name _____
Address _____
Phone # _____ Relationship _____

EDUCATIONAL BACKGROUND

	School Name	Date of Graduation/Hrs or Degree
1.	_____	_____
2.	_____	_____
3.	_____	_____

PREVIOUS RELATED WORK EXPERIENCE

	Employer	Position	Dates Employed
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

PREVIOUS RELATED VOLUNTEER EXPERIENCE

	Agency/Duties	Hrs/Months/Dates
1.	_____	_____
2.	_____	_____
3.	_____	_____

BRIEFLY EXPLAIN WHY YOU ARE INTERESTED IN BECOMING A VICTIM VOLUNTEER.

Are you Bilingual (English-Spanish) No Fair Fluent

Do you speak any other language? Specify _____

How did you hear about volunteering for Victim Services?

How many 12-hour shifts per month do you plan to volunteer (minimum of 1)
_____?

Which days are you NOT able to volunteer?

Which days would you prefer?

Have you ever been arrested? _____ If yes, by whom _____
Do you have a criminal record (Class B Misdemeanor or a felony conviction) _____. If yes,
what are the charges and disposition?

Is there any medical conditions or information you feel the San Marcos Police
Department should be aware of? Such diabetes or any chronic conditions.

**In which of the following area, you have special training or experience. Please
explain.**

- ___ Family Violence _____
- ___ Family/Marriage Counseling _____
- ___ Adolescents _____
- ___ Child Abuse _____
- ___ Death and Dying _____
- ___ Actively Psychotic Persons _____
- ___ Sexual Assault _____
- ___ Suicide _____
- ___ Alcohol/Substance Abuse _____
- ___ Criminal Justice System _____
- ___ San Marcos Referral Resources _____
- ___ Other _____

Agreement

1. I agree that any oral or written misrepresentation in making this application is just cause for dismissal.
2. I hereby agree to and authorize a criminal record, drug test, and driving record check to be completed prior to my being accepted into this program.
3. I hereby authorize references listed on this application to furnish information from their records concerning me.
4. I understand that the completion of this form is only part of the application process and does not assure acceptance as a volunteer.

5. I understand that I may be asked to sign a release of information if additional information is required.
6. I understand that all information concerning this application is confidential.

Victim Services Volunteer Requirements

Must be able to make a one-year commitment.

Must be able to attend monthly meetings/training sessions.

Must be able to maintain professional demeanor in crisis situations.

Must be able to maintain strict confidences.

Must be of good moral character.

Must be able to interact with several classifications of people and treat all victims/survivors in a courteous and professional manner.

Must be able to work with a minimum of supervision.

Must maintain a monthly record of hours volunteered and report them in a timely manner.

Signature _____ **Date** _____

Please return to:

**Roya Williamson, M.A., LCDC
Crime Victim Services Coordinator
San Marcos Police Department
2300 IH 35 South
San Marcos, TX 78666
Phone (512) 753-2106
Fax (512) 754-2289**