



**REGIONAL CRIME VICTIM CRISIS CENTER
VOLUNTEER APPLICATION**

P.O. Box 122
Abilene, TX 79604
677-7895

In which program are you interested in becoming a volunteer? (Mark one or both)

_____ Crisis Intervention _____ WHO (Prevention Education) Presenter

PERSONAL DATA:

Name _____ DL# _____ State _____

Address _____ City _____ Zip _____

DOB _____ Sex **M** **F** Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Occupation _____ Employer _____

Emergency Contact _____ Phone _____ Relationship _____

What experience or training (if any) have you had relative to crisis intervention/anti-victimization?

What public speaking experience? _____

If applicable, please comment on why you are interested in presenting to school age children:

How do you deal with embarrassing or uncomfortable situations? _____

What are your strengths? _____

What are your weaknesses? _____

How do you deal with stress? _____

How do you cope under pressure? _____

If interested in Crisis Intervention, **number the shifts in order of your preferences.**

_____ Hotline Counselor-answer hotline calls forwarded to your home, give information and referrals, dispatch and coordinate services, documentation.

_____ Peer Counselor-respond in person with partner to provide crisis intervention at crime scene, Trauma Center, Police Department, Sheriff's Office to victims of violent crimes; provide documentation to CVCC within 24 hours.

_____ Back Up Counselor-respond in person with partner to provide crisis intervention at crime scene, Trauma Center, Police Department, Sheriff's Office to victims of violent crime; victim/family assistance and documentation required.

**Explain any personal experiences that may enhance, hinder or influence your effectiveness in supportive responses to victims of violent crimes, law enforcement authorities, medical personnel, victims of child abuse, CPS or school officials.



Will you make a commitment to complete the required training? ____ 40 Hour Victim Assistance
____ 16 Hour WHO Training

Do you agree to be responsible for 3 shifts and/or present 3 WHO programs per month? _____

EDUCATION RECORD:

Highest degree or grade level attained:

Name of school/college/university:

EMPLOYMENT RECORD:

Name of Company/Address	Position	Years
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1. _____
2. _____
3. _____

REFERENCES:

Name	Address/Phone	Relationship
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1. _____
2. _____
3. _____

In your own words, please explain your expectations of volunteer service to RCVCC.

Have you ever been convicted of a felony? **Y N** If yes, explain:

If accepted as a volunteer, do you agree to provide RCVCC with a required criminal background history and fingerprint search on you? **Y N** (Cost is approximately \$25.00; call 1-888-467-2080 to schedule.)

If no, please explain:

Signature

Date

Thank you for your interest in making a difference!