



VOLUNTEER APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Telephone: () _____

Education Background: _____

Relevant Training and/or Skills: _____

Referred By: _____

Profession: _____

Why are you interested in working with Victim Response, Inc.? _____

Have you ever been convicted of a crime (except minor traffic violations)? _____

If yes, please explain: _____

References

List two professional references that are familiar with the quality of your work, have worked directly with you, and have known you at least two years.

Reference 1) _____

Relationship: _____ Phone Number: _____

Reference 2) _____

Relationship: _____ Phone Number: _____

APPLICANT'S ACKNOWLEDGMENT: I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION TO VICTIM RESPONSE INC.
I CERTIFY THAT THE ANSWERS CONTAINED IN THIS APPLICATION AND THAT THE INFORMATION CONTAINED IN ANY RESUME OR THAT I AM PROVIDING ALONG WITH THIS APPLICATION ARE TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.
IF I AM GIVEN AND ACCEPT A VOLUNTEER POSITION, I UNDERSTAND THAT VICTIM RESPONSE INCE. OR I MAY TERMINATE THAT VOLUNTEER POSITION WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME. I UNDERSTAND THAT I AM NOT BEING RETAINED AS A VOLUNTEER FOR ANY SPECIFIED PERIOD OF TIME AND THAT THIS APPLICATION IS NOT INTENDED TO BE A CONTRACT FOR EMPLOYMENT OR FOR A CONTINUED VOLUNTEER POSITION.

I UNDERSTAND THAT A SATISFACTORY BACKGROUND CHECK AND NEGATIVE DRUG TEST ARE PREREQUISITES TO BEING ACCEPTED AS A VOLUNTEER FOR VICTIM RESPONSE, INC.

Applicant's Signature

Date

Please return this form to:
Volunteer Coordinator P.O Box 470728
Miami, Fl 33147
Or
Fax to: (305) 693-2831
Main #: (305)693-1170

VICTIM RESPONSE INC. IS AN EQUAL OPPORTUNITY EMPLOYER AND WILL CONSIDER ALL APPLICANTS FOR VOLUNTEER POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, MARITAL STATUS, DISABILITY, OR ANY OTHER UNLAWFUL BASIS.