

**VICTIM ASSISTANCE UNIT
APPLICATION FOR VOLUNTEER**

(970) 351-5354

Select one of the following ways to submit your application:

E-mail: advocatereport@greeleypd.com or deliver to 2875 10th Street, Greeley, CO 80634

Application must be completed in full.

Please read the affidavit, sign and date the application prior to submitting to City of Greeley.

PERSONAL DATA:

Last Name: _____ First Name: _____ MI: _____

DOB: _____ SSN (last 4 numbers): _____ Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Mailing Address (*if different from above*): _____

Home Phone: _____ Work Phone: _____ Cell: _____

Employer: _____ Occupation: _____

Business Address: _____ City: _____

How did you learn about this position? _____

Do you have any friends or relatives that have been arrested by the Greeley Police Department? _____

Name(s) of relative(s) employed by the Greeley Police Department, if any?

Have you ever been arrested for anything? If so, please provide explanations: _____

Have you been a crime victim? If yes, please explain (if you feel comfortable doing so): _____

Please list any previous community involvement and/or volunteer positions held: _____

What skills or interests would you like to develop or learn more about? _____

Please explain why you are interested in becoming a volunteer for the Victim Services Unit and what do you hope to achieve through volunteering? _____

What does being a volunteer mean to you?

Have you used any illicit drugs in the last 3 years? YES or NO

Have you smoked or ingested Marijuana in the last year? YES or NO

Were you arrested for DUI or DWAI in the last 5 years? YES or NO

Explanation: _____

AVAILABILITY:

Days available (circle all that apply):

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Are you legally permitted to work in the United States? YES or NO

Are you 19 years old or over? YES or NO

Have you ever been employed by the City of Greeley? YES or NO

- If yes, what department: _____

EDUCATION:

(Circle last year completed):

High School or GED

College: Some Associates Bachelor's Masters

What is your degree in? _____

Special Courses or Training: _____

Have you had any specialized training in Victim Services? YES or NO

- If yes, please explain: _____

Have you had any experience working with Victim Services? YES or NO

- If yes, please explain: _____

Can you speak and write in English? YES or NO

Are you bilingual? YES or NO In What?: _____

- If yes: Spoken Fluency: _____ Written Fluency: _____

RELATED SKILLS:

Typing: YES or NO If yes, WPM: _____

Please circle software you are to use: E-mail Word Excel

- Please list any software you are able to use that is not listed above: _____

DRIVING RECORD:

Do you have a current Colorado Driver's License? YES or NO

- License Number: _____ Expiration: _____ Class: _____

- Restrictions (if any): _____

Have you ever had a license suspended/revoked/denied/cancelled in any state? YES or NO

- If yes, please explain when and the circumstances: _____

List all traffic violation citations you have received in the past three years:

Date: _____ City: _____ Violation: _____ Disposition: _____

Date: _____ City: _____ Violation: _____ Disposition: _____

Date: _____ City: _____ Violation: _____ Disposition: _____

Do you have valid car liability insurance? YES or NO

Company: _____ Policy #: _____ Expiration: _____

MILITARY SERVICE:

Branch of Service: _____

Dates of Service: _____

Discharge Classification: _____

AFFIDAVIT

I certify that the answers given by me to the questions, statements, and work history in this application are true and correct without consequential omissions of any kind. I authorize the companies, schools, or persons named above to give any information regarding my employment, character, and qualifications. I authorize the City of Greeley to conduct a background investigation pertaining to my suitability for employment which may include a criminal history check. I hereby release said companies, schools, or persons to issue any requested information and further release said companies, schools, or persons from all liability for any damage for issuing this information. I understand and agree that any misleading or incorrect statements or omissions may render this application void, and if employed, could be cause for termination and this employer shall not be liable in any respect for such action or termination. A photocopy of this document shall be deemed as an original.

As an applicant for a position with the City of Greeley, I understand that, if accepted, I must comply with the Employee Drug and Alcohol Policy. Additionally, I agree to submit to a pre-employment drug screening test, and/or a criminal background check to include polygraph, if requested or required by the City of Greeley.

PRINT NAME _____ SIGNATURE _____

DATE _____