

**CRIME VICTIM AND SEXUAL VIOLENCE CENTER
COURT ADVOCATE VOLUNTEER APPLICATION**

We are asking you to complete this questionnaire in order to help us determine your qualifications for training as a volunteer. There will be an evaluation after training has been completed.

NAME: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS:

Home _____
_____ Zip _____

Business Name/Address _____
_____ Zip _____

TELEPHONE:

Home _____ Hours to call _____

Business _____ Hours to call _____

Cell _____ Hours to call _____

E-mail address _____

Month & Date of Birth _____

Courses or training you've taken relevant to Court Advocates

Relevant Work Experience: _____

Educational Background: _____

Are you currently in school? Full-time _____ Part-time _____ Major _____

If yes, where? _____

Are you employed? _____ Place of employment _____

Do you have other commitments? _____

How did you hear about the Crime Victim and Sexual Violence Center? _____

Have you ever been convicted of a crime? If yes, please explain _____

Have you ever been a victim of a crime? _____

When are you available to begin training? _____

When is it most convenient for you to schedule an interview? (M-F 8:30 - 4:00) _____

Do you have access to a car? _____

Please list two references who could speak to your ability to work with crime victims in a court setting

_____ phone: _____

_____ phone: _____

