

155 N. Water St., Kent, OH 44240, 330-678-3006

<u>Crime Victim Advocacy Training Application</u>

DATE:	
NAME:	
PHONE:	
EMAIL:	
STREET ADDRESS:	
CITY:	ZIP:
BEST TIME TO REACH YOU?:	
WHERE DID YOU LEARN ABOUT	THIS OPPORTUNITY?:
HIGH SCHOOL, NAME AND ADD	PRESS:
HIGH SCHOOL, FIELD OF STUDY	<u>:</u>
HIGH SCHOOL, YEARS COMPLET	TED (CHECK LAST YEAR COMPLETED):
HIGH SCHOOL, DID YOU GRADL	JATE? LIST DIPLOMA OR DEGREE:
COLLEGE, NAME AND ADDRESS	:
COLLEGE, FIELD OF STUDY:	
COLLEGE, YEARS COMPLETED (C	CHECK LAST YEAR COMPLETED): 1 () 2 () 3 () 4 ()

COLLEGE, DID YOU GRADUATE? LIST DIPLOMA OR DEGREE:					
OTHER EDUCATION, PLEASE SPECIFY:					
HAVE YOU COMPLETED ANY SPECIAL COURSES, SEMINARS AND/OR TRAININGS THAT PERTAIN TO BEING A CRIME VICTIM ADVOCATE VOLUNTEER? PLEASE SPECIFY:					
PLEASE LIST THREE BENEFITS YOU MAY EXPECT TO RECEIVE FROM VOLUNTEERING AT TOWNHALL II:					
PLEASE LIST THREE QUALITIES YOU POSSESS THAT WILL HELP YOU AS A CRIME VICTIM ADVOCATE VOLUNTEER:					
DO YOU CURRENTLY HAVE A DRIVER'S LICENSE?: YES () NO () IS THERE ANY REASON WHY YOU WOULD NOT BE ABLE TO TRAVEL TO HOSPITALS, COURT HOUSES, POLICE STATIONS AND TOWNHALL II? YES () NO () IF YES, PLEASE SPECIFY:					

ARE YOU AVAILAI	BLE FOR TRAINING	SESSIONS ON WEDNE	SDAY NIGHTS, 5 - 9 P.M.?
YES ()	NO ()		

I certify that all answers given by me are true, accurate and complete. I understand that falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of acceptance as a volunteer or immediate termination of my volunteer position, regardless of when or how discovered.

SIGNATURE:			
DATE:			

EMAIL APPLICATION TO: Arissa S., arissas@townhall2.com

QUESTIONS? Call Arissa at 330-678-3006

Applications may also be submitted in person at our main offices at 155 N. Water St., Kent, OH.