

Kent, OH 44240 330-678-3006

Crime Victim Advocacy Training Application

NAME:				
DATE:	PHONE:	.		
EMAIL:				
STREET ADDRESS:				
CITY:		STATE:	ZIP:	
BEST TIME TO REACH YOU?:				
WHERE DID YOU LEARN ABO	OUT THIS OPPO	ORTUNITY?:		
HIGH SCHOOL - NAME AND				
HIGH SCHOOL - FIELD OF ST				
HIGH SCHOOL - YEARS COM	1PLETED (CHE	CK LAST YEAR (COMPLETED):	
1() 2() 3() 4()				
HIGH SCHOOL - DID YOU GF				
COLLEGE – NAME AND ADDI	RESS:			
COLLEGE – FIELD OF STUDY				
COLLEGE – YEARS COMPLET	TED (CHECK LA	AST YEAR COME	PLETED):	
1() 2() 3() 4()				
COLLEGE – DID YOU GRADU	ATE? LIST DIPI	LOMA OR DEGR	EE:	
OTHER EDUCATION – PLEAS	E 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 EXPECT TO RECEIVE FROM VOLUNTEERING AT TOWNHALL
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 YOU WOULD NOT BE ABLE TO TRAVEL TO HOSPITALS, COURT HOUSES, POLICE STATIONS AND TOWNHALL II? YES () NO () IF YES, PLEASE SPECIFY:
ARE YOU AVAILABLE FOR TRAINING SESSIONS ON WEDNESDAY 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 accompanyi 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:
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EMAIL APPLICATIONS TO: Jenna M, jennam@townhall2.com

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