



155 N. Water St.

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 ABOUT THIS OPPORTUNITY?: _____

HIGH SCHOOL - NAME AND ADDRESS: _____

HIGH SCHOOL - FIELD OF STUDY: _____

HIGH SCHOOL - YEARS COMPLETED (CHECK LAST YEAR COMPLETED):

1 () 2 () 3 () 4 ()

HIGH SCHOOL - DID YOU GRADUATE? LIST DIPLOMA OR DEGREE:

COLLEGE - NAME AND ADDRESS: _____

COLLEGE - FIELD OF STUDY: _____

COLLEGE - YEARS COMPLETED (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 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 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 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 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.