



VICTIM ASSISTANCE UNIT APPLICATION FOR VOLUNTEER

(970)351-5345

Select one of the following ways to submit your application
♦ Fax (970)351-5326 ♦ 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 the City of Greeley.

PERSONAL DATA:

Last Name	First Name	MI	DOB	Email Address
Address: _____		City: _____	State: _____	Zip: _____
Preferred Phone: _____		Alternate: _____	Date Available? _____	
How did you learn about this position? _____				
Why are you applying for this position? _____				

AVAILABILITY:

Days available : Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Shifts available: 6AM-6PM Weekdays 6PM-6AM Weeknights 24-hr Weekend Other/Specify: _____

Are you legally permitted to work in the United States? Yes No Are you 21 or over Yes No

If a relative is employed here, give name & relationship: _____

Have you ever been employed by the City of Greeley? Yes No Department _____

EDUCATION / EXPERIENCE:

Highest grade completed: () <12 () 12 () 13 () 14 () 15 () 16 () 17+

Name of High School: _____

Name of College or University: _____ Major: _____ Degree: _____

Are you credentialed in the Victim Services field? Yes No _____

Have you had any specialized training in Victim Services? Yes No _____

Have you any experience working in Victim Services? Yes No _____

Can you speak both English and Spanish? Yes No Fluency: Spoken _____ Written: _____

PREVIOUS EMPLOYER(S): (Beginning with your current position, please list past three jobs or for 10 years, whichever is less.)

May we contact your previous employers? Yes No

Employer: _____ Dates Employed: _____

Position Held: _____ Supervisor _____ Contact # _____

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Employer: _____ Dates Employed: _____

Position Held: _____ Supervisor _____ Contact # _____

RELATED SKILLS:

Typing Yes No wpm _____ Able to Use: Copier Yes No Fax Yes No Cell Phone Yes No

Please list software you are able to use:

Product _____ Proficiency Level _____

Product _____ Proficiency Level _____

Product _____ Proficiency Level _____

DRIVING RECORD

Do you have a current Colorado Driver's License? Yes No

What is the license class? _____

Expiration Date? _____

Have you ever had a license suspended/revoked/denied/cancelled in any state? Yes 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: _____

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List all traffic accidents in which you were involved in the past three years:

Date: _____ City: _____ State: _____

Do you have valid car liability insurance? Yes No

Company _____ Policy # _____ Expiration _____

MILITARY SERVICE

Branch of Service _____ Dates of Service _____ Discharge Classification _____

REFERENCES (Include only individuals familiar with your work ability. DO NOT INCLUDE RELATIVES)

NAME	RELATIONSHIP	ADDRESS	TELEPHONE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

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 _____