



Volunteer Application



Applicant Information

Name: _____

First Middle Initial Last

Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Date of Birth: _____ Social Security Number: _____

Education

Please indicate your highest level of education and area of specialization, if applicable. _____

Are you currently enrolled in school? Yes _____ No _____

If yes please list the name of the institution(s): _____

Will you be requesting credit for the hours worked in the VST program?

Yes _____ No _____ If yes, please attach details to this application

Volunteer Experience Resume may also be attached for additional information

| Dates | Name of Organization | Volunteer role and responsibilities |
|-------|----------------------|-------------------------------------|
| | | |
| | | |
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For VST Staff Only

Date received _____ Academy _____

Work Experience Resume may also be attached for additional information

| Dates | Name of Organization | Volunteer role and responsibilities |
|-------|----------------------|-------------------------------------|
| | | |
| | | |
| | | |

Please answer the following:

The VST program requires that you fulfill the following commitments; completion of a 50 hour Academy, a minimum of one eight hour weekend shift per month, attendance of 7 out of 12 monthly meetings, and volunteer for a minimum of one year from the time your VST background clears. (VST Academy is held on Saturdays from 9:00am-5:00pm for 7 consecutive weekends, VST monthly meetings are held on the last Wednesday of the month from 6:30pm-8:30pm)
Can you meet these requirements? Yes_____ No_____

How did you hear about the VST program?

If you were referred by a current VST volunteer please list the name

Why you are interested in working with the VST Program, and what lead you to volunteer for a position in the police department.

Describe any experience you have with counseling and or crisis intervention:
(you can include experience with family and friends)

What are you looking forward to learning about as a VST volunteer?

The VST team assists domestic violence victims from diverse cultural, ethnic, and socioeconomic backgrounds. What experience do you have working with people from different cultures and backgrounds?

List any additional languages besides English in which you can speak/read/or write.

List any special skills, abilities, or training you have received:

Would you be willing to share your with the larger group? Yes____ No____

Volunteer work in the domestic violence field can often be stressful, what do you do to distress?

Are you a survivor of domestic violence? Yes____ No____

If yes, how long has it been since you experienced the domestic violence?

Have you received services from a domestic violence program or another form of support? Yes____ No____

Have you or anyone close to you been the victim of a crime in the last twelve months? Yes____ No____

If yes, please indicate your relationship to the victim and give a brief description of the event:

Have you ever been convicted of a criminal offense other than a minor traffic violation? Yes____ No____

If yes, please describe the type of offense, date, law enforcement agency, and current status:

Based on your current knowledge of domestic violence, please answer the following:

What are the forms of abuse that domestic violence can take?

What are some barriers that make it difficult to leave a domestic violence situation?

What are some supportive things to say to a domestic violence victim who is in crisis?

Signature: _____ Date: _____

Next Steps-

1. Return completed application
2. If you do not receive confirmation that your application has been received contact the volunteer supervisor, Sarah Sorensen by email at sarah.sorensen@seattle.gov or by phone at (206) 615-0892.
3. Attend a VST Open House or Orientation session
4. Sign up for an interview with the VST staff

If you have additional questions, please contact the volunteer supervisor

Please return completed application

By email- sarah.sorensen@seattle.gov

By fax-(206) 684-0727 attn: VST

By mail- Domestic Violence Victim Support Team

Seattle Police Department Headquarters

Domestic Violence Unit

610 5th Ave

P.O. Box 34986

Seattle, WA 98124-4986