** Victim Support Team**

 **Volunteer Application**

**Applicant Information** *(click on the fields below to complete)*

**Name:** ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Middle Initial Last

**Today’s date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State:** \_\_\_\_\_\_\_\_\_ **Zip:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cell Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Additional Contact #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] **Please attach:** enlarged copy of driver’s license

 

**Minimum Requirements**

* 1. A desire to learn about the dynamics of domestic violence, a commitment to community service, and an interest in assisting victims from diverse ethnic and cultural backgrounds.
	2. Strong listening, advocacy, and problem solving skills.
	3. Valid Washington State driver’s license.
	4. Must Pass an SPD Civilian Background Check.
	5. Please indicate that you meet the following minimum qualifications:

[ ] Are you physically able to get into and out of cars quickly without trouble?

[ ] Can you safely lift 25 lbs.?

[ ] Do you feel confident in your ability to drive at night & under stressful conditions?

* 1. Must be at least 21-years of age at time of first VST shift.

**Do you meet these requirements?** Yes[ ]  No[ ]

**Training Commitment**

* Training Academy (50-hours)
* SPD Ride Along (4-8 hours)
* 2 Field Training Shifts(8 hours)

**Active Volunteer Commitment**

* Attend 7 out of 12 monthly meetings
* One year minimum, working 1 weekend shift per month (8 hours), from the time the background check is approved.
* On-going communication (via email) with Volunteer Supervisor regarding procedural updates and/or personal scheduling issues.

**Can you meet these time requirements?** Yes[ ]  No[ ]

**Volunteer Experience**

*Resume may be attached*

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

**Work Experience**

*Resume may be attached*

|  |  |  |
| --- | --- | --- |
|  **Dates** |  **Name of Organization** |  **Work role and responsibilities** |
|  |  |  |
|  |  |  |

**How did you hear about the Victim Support Team?**

*(If you were referred by a current/former VST volunteer, please let us know)*

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**Why are you interested in working with VST?**

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**What are you looking forward to learning about?**

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**What are two things you could say to a domestic violence victim to address her/his safety?**

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**Is there anything else you’d like us to know about your previous working with people in crisis?**

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**Have you been cited or arrested for a criminal offense** *(other than a minor traffic violation)****?***

Yes[ ]  No[ ]  **If yes, describe the type of offense, date, law enforcement agency, and current status:**

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**Are you a survivor of domestic violence?** Yes[ ]  No[ ]

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

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***We acknowledge that survivors of domestic violence have always played an important part in supporting others through similar experiences.***

***However, it is the policy of the VST program that a minimum of 2 years pass since the violent relationship ended, before a volunteer applicant will be accepted into the program.***

***This policy allows someone enough time to support their own healing before they join.***

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Note:** This is a competitive program with a limited number of openings each Academy class, not everyone who applies will be asked to interview for the upcoming training class.

**Next Steps:**

**1**. Return completed application. (See below for instructions)

**2**. You will receive email confirmation that your application has been received.

**3**. Upon passing the initial screening, information will be provided about the next steps, including an in person interview.

For additional information contact the Volunteer Supervisor at (206) 615-0892 or visit our website: [**www.seattle.gov/police/vst**](http://www.seattle.gov/police/vst)

**Please return completed application**

**By email**

spd.vst@seattle.gov

**By mail**

Domestic Violence Victim Support Team

Seattle Police Department Headquarters

Domestic Violence Unit Attn: VST

610 5th Ave P.O. Box 34986

Seattle, WA 98124-4986

**Thank you for your interest in volunteering with the Victim Support Team!**