

VICTIM ADVOCATE VOLUNTEER APPLICATION



Human Resources Department
4755 S.W. Griffith Drive
P.O. Box 4755
Beaverton, OR 97076-4755
Voice / TDD (503) 526-2200
Fax No. (503) 526-2572

www.beavertonoregon.gov

Name			Last			First			MI		
Address			Number			Street					
City				State				Zip Code			
Home Phone () () ()			Business Phone () () ()			Message Phone () () ()					
Do you have a valid drivers license? Yes <input type="checkbox"/> No <input type="checkbox"/>											
Email Address:											

How did you learn about this position? _____

Education: Circle Highest Year Completed 8 9 10 11 12 GED College 1 2 3 4 5 6 7 8

NAME AND LOCATION	YEARS COMPLETED	GRADUATED		TYPE OF DEGREE, DIPLOMA, OR CERTIFICATE	COURSE OF STUDY / MAJOR
		YES	NO		
HIGH SCHOOL OR G.E.D.					
COLLEGE OR UNIVERSITY					
TECHNICAL SCHOOL					
MILITARY SERVICE					

Supplemental Question:

On a separate piece of paper, please briefly explain why you would like to become a Victim Advocate volunteer with the Beaverton Police Department. Please limit your answer to no more than 500 words.

Resume:

Please attach your professional resume to this application. Please limit your resume to no more than two pages.

Experience: Please list your previous employment beginning with your most recent experience. You may include all applicable military, non-paid or volunteer work. If you held more than one position with the same employer, list each separately. Use additional sheets if necessary. **This section must be completed.**

MONTH / YEAR From: _____ To: _____ Total Yrs: _____ Months: _____	Title _____	Hours / Week: _____	Employer: _____
	Duties _____		Supervisor: _____
			Street: _____
			City / State: _____
			Phone: _____
		Reason for leaving: _____	
MONTH / YEAR From: _____ To: _____ Total Yrs: _____ Months: _____	Title _____	Hours / Week: _____	Employer: _____
	Duties _____		Supervisor: _____
			Street: _____
			City / State: _____
			Phone: _____
		Reason for leaving: _____	
MONTH / YEAR From: _____ To: _____ Total Yrs: _____ Months: _____	Title _____	Hours / Week: _____	Employer: _____
	Duties _____		Supervisor: _____
			Street: _____
			City / State: _____
			Phone: _____
		Reason for leaving: _____	
MONTH / YEAR From: _____ To: _____ Total Yrs: _____ Months: _____	Title _____	Hours / Week: _____	Employer: _____
	Duties _____		Supervisor: _____
			Street: _____
			City / State: _____
			Phone: _____
		Reason for leaving: _____	

Professional References:		
Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____

IMPORTANT: PLEASE READ THE FOLLOWING, INITIAL BY EACH STATEMENT, AND SIGN BELOW

- ____ I understand that if I provide false or misleading information on this application, or on other documents in connection with my Victim Advocate volunteer application with the Beaverton Police Department, it will be grounds for terminating my participation in the program, regardless of when it is discovered.
- ____ I authorize the Beaverton Police Department to investigate my references; to communicate with my current or former employers; to make an independent investigation of my character, employment history, and criminal record (if any); and to keep and preserve records of such investigation in accordance with Oregon Archive laws. I understand that my information will be kept in a confidential background file, and will only be released at the authority of the Chief, and in accordance with applicable Oregon State laws and Administrative Rules.
- ____ If selected as a Victim Advocate volunteer, I agree to read and comply with all Victim Advocate volunteer policies and procedures.
- ____ My resume is attached.
- ____ My answer to the supplemental question is attached.

Applicant Signature _____ Date _____