

Holland Department of Public Safety

VICTIM SERVICES UNIT VOLUNTEER APPLICATION

Contact Information

Name	
Street Address	
City ST ZIP Code	
Date of Birth	
Drivers License Number	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

Employment Information

Check One:	Employed	Unemployed	Self-Employed	Retired
Employer:				
Title/Duties:				
Number of years with Employer:				
Supervisor:				
Work Hours:				
Previous Employer:				
Reason for leaving:				

Education:

Education:	High School:
	College:
	Degree:

References: List three (3) references not related to you:

Name/Phone	
Address	
Name/Phone	
Address	
Name/Phone	
Address	

Availability

During which hours are you available for volunteer assignments?

Days: 6 am to 6 pm _____

Nights: 6 pm to 6 am _____

Special Skills, Interests & Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Authorization for Record Check:

In consideration of the Holland Department of Public Safety considering me for the Victim Services Unit, I hereby authorize the City of Holland, its employees, representatives, and agents to make such investigation and inquiries of my personal, employment, medical history, driving record, criminal history, and other related matters as may be necessary to determine my suitability. I hereby waive my right to privacy and release employers, schools and/or persons from any liability in responding to inquiries in connection with my application for this program.

In the event of my acceptance to this Program, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Name (printed)	
Signature	
Date	

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Please return this form to:

Sgt John Weatherwax
Program Coordinator, Victim Services Unit
Holland Police Department
89 W. 8th St.
Holland, MI 49423
j.weatherwax@cityofholland.com
(616) 355-1176