

## KIDS' FIRST VOLUNTEER/STUDENT APPLICATION

Kids' FIRST  
2675 Martin Luther King Jr. Blvd.  
Eugene, Oregon 97401  
(541) 682-3938

**PLEASE COMPLETE THE FOLLOWING:**

|                                               |                                                                                             |
|-----------------------------------------------|---------------------------------------------------------------------------------------------|
| NAME: LAST FIRST MIDDLE                       | DATE:                                                                                       |
| OTHER NAMES USED:                             | SOCIAL SECURITY #:                                                                          |
| HOME ADDRESS (Street, City, State, Zip Code): | DATE OF BIRTH (Month/Date/Year):                                                            |
| MAILING ADDRESS (if different):               | DRIVER'S LICENSE NUMBER/STATE:                                                              |
| PHONE: HOME CELL OTHER                        | DO YOU HAVE RELIABLE TRANSPORTATION?<br>(Advocates must have proof of insurance)            |
| EMAIL:                                        | HAVE YOU EVER APPLIED TO BE A VOLUNTEER WITH THE LANE COUNTY DISTRICT ATTORNEY IN THE PAST? |

**EDUCATION COMPLETED:**

| NAME OF HIGH SCHOOL, COLLEGE OR UNIVERSITY ATTENDED | LOCATION (CITY,STATE) | MAJOR | DATE ATTENDED<br>From -- To | DEGREE/CERTIFICATE EARNED |
|-----------------------------------------------------|-----------------------|-------|-----------------------------|---------------------------|
|                                                     |                       |       |                             |                           |
|                                                     |                       |       |                             |                           |
|                                                     |                       |       |                             |                           |

**LIST VOLUNTEER OR PAID JOBS HELD IN THE PAST 5 YEARS, BEGINNING WITH MOST RECENT:**

**Attach additional sheets if necessary.**

|                       |                                                  |                                                                                                                                                                                |
|-----------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EMPLOYER AND ADDRESS: | NAME OF SUPERVISOR:<br>TITLE:<br>PHONE #: (    ) | DATES EMPLOYED (Month/Year):<br>From:                      To:<br><br><input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> VOLUNTEER |
| POSITION HELD:        |                                                  | REASON FOR LEAVING:                                                                                                                                                            |
| DUTIES:               |                                                  |                                                                                                                                                                                |

|                       |                                                  |                                                                                                                                                                            |
|-----------------------|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EMPLOYER AND ADDRESS: | NAME OF SUPERVISOR:<br>TITLE:<br>PHONE #: (    ) | DATES EMPLOYED (Month/Year):<br>From:                      To:<br><input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> VOLUNTEER |
| POSITION HELD:        |                                                  | REASON FOR LEAVING:                                                                                                                                                        |
| DUTIES:               |                                                  |                                                                                                                                                                            |
| EMPLOYER AND ADDRESS: | NAME OF SUPERVISOR:<br>TITLE:<br>PHONE #: (    ) | DATES EMPLOYED (Month/Year):<br>From:                      To:<br><input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> VOLUNTEER |
| POSITION HELD:        |                                                  | REASON FOR LEAVING:                                                                                                                                                        |
| DUTIES:               |                                                  |                                                                                                                                                                            |

**IF YOU ARE A STUDENT, PLEASE ANSWER THE FOLLOWING QUESTIONS:**

|                                                                                                                                                                                               |               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| SCHOOL:                                                                                                                                                                                       | ADVISOR:      |
| YEARS COMPLETED:                                                                                                                                                                              | MAJOR/MINOR:  |
| DEGREES/CERTIFICATES HELD:                                                                                                                                                                    |               |
| WHEN WILL YOU GRADUATE?                                                                                                                                                                       | CAREER GOALS? |
| ARE YOU INTERESTED IN RECEIVING PRACTICUM CREDIT OR COMMUNITY SERVICE HOURS? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>IF YES, WHAT ARE YOUR OBJECTIVES FOR THIS PRACTICUM? |               |

**WHICH AREA(S) ARE YOU INTERESTED IN VOLUNTEERING?**

VICTIM ADVOCATE     CHILDCARE PROGRAM     SPECIAL PROJECT (specify): \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS ON A SEPARATE SHEET OF PAPER:**

1. Why do you want to work with crime victims as opposed to another volunteer program?
2. What special abilities or skills do you have that will assist your work with crime victims?
3. Have you ever been arrested and/or convicted of a criminal offense? If so, explain. (Having a criminal conviction does not automatically disqualify you from becoming an advocate).
4. Explain your knowledge of and/or past involvement with the criminal justice system (jury duty, past victimization, criminal justice courses).
5. Do you know any individual employed by the District Attorney's Office?
6. Do you know any individual who has been prosecuted by the District Attorney's Office? If yes, who is the person charged, what is your relation, what was the crime and where did it take place?
7. Do you speak any other languages fluently? If yes, which language(s)?

**REFERENCES:****References should not be related to you.**

| NAME | ADDRESS | PHONE | NATURE OF ASSOCIATION |
|------|---------|-------|-----------------------|
| 1.   |         | ( )   |                       |
| 2.   |         | ( )   |                       |
| 3.   |         | ( )   |                       |

**WHOM SHOULD WE CONTACT IN AN EMERGENCY?**

|               |             |               |
|---------------|-------------|---------------|
| NAME:         | PHONE (Day) | PHONE (Night) |
| RELATIONSHIP: | ( )         | ( )           |

**HOW DID YOU LEARN ABOUT THE KIDS' FIRST CENTER?**
 NEWSPAPER  
 RADIO  
 TELEVISION  
 VOLUNTARY ACTION  
 OTHER: \_\_\_\_\_
**AUTHORIZATION AGREEMENT**

I understand that being a Volunteer Advocate involves taking on a position of public trust. I authorize the Lane County District Attorney, or his designee, to make a complete investigation of my background. If selected for this position, I agree to follow all laws and ethics imposed upon the staff of the District Attorney's Office regarding conduct and the protection of confidential information and to follow the directions of the District Attorney and his employees.

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 Signature

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 Date