



BEAVERTON POLICE DEPARTMENT

VICTIM ADVOCATE

VOLUNTEER APPLICATION

Name	Last	First	MI
Address	Number	Street	
City		State	Zip Code
Home Phone ()	Cell Phone ()	Work 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							

Availability:

MON. TUES. WED. THURS. FRI. SAT. SUN.

MIDNIGHT – 11:59 PM							
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Please check the shifts for which you have regular availability each week.

Resume:

Please attach your professional resume to this application. Please list any previous employment beginning with your most recent experience. Please include all applicable military, non-paid or volunteer work. If you held more than one position with the same agency, list each separately. Please limit your resume to no more than two pages.

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.

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: _____