



Volunteer Application

Reno Police Department - *Victim Services Unit*



Please fill out application completely. If any questions do not apply, please write N/A. You may attach additional pages if needed.

Legal Name: _____ Preferred Name: _____

Date of Birth: _____ Social Security #: _____ Gender: M F TG

Physical Address: _____ Mailing Address: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Preferred method of contact: Email Home phone Cell

Employment: Retired Work from home Employed FT Employed PT Unemployed

Please list recent employers and/or volunteer experience:

Organization or Company	Position/Duties	Dates	Contact Information

Education

School Name	Course of Study	Year	Diploma/Degree/Certificate

Criminal History

→ Have you ever been arrested for a criminal offense?

No Yes If yes, please describe type of offense, date, law enforcement agency, and current status:

→ Have you ever had contact with the police outside of a traffic stop (*to include domestic disturbances, theft, fighting, etc.*)?

No Yes If yes, please describe:

→ Have you ever used recreational drugs?

No Yes If yes, please describe which drug(s) and last date of use:

→How did you hear about our program?

→Are you interested in providing victim advocacy or general administrative/outreach tasks as needed?

→Please describe why you are interested in volunteering with VSU:

→Please describe any training and/or experiences (personal or professional) that would make you well suited to be a volunteer with victim services (you may attach add'l pages).

→Briefly share your understanding of domestic/intimate partner violence:

→Have you or anyone close to you been a victim of a crime in the last twelve months? Yes No

If yes, please indicate your relationship to the victim and give a brief description of the event:

If Reported, which agency: _____

Please indicate any additional skills or interests you have that would benefit V.S.U.:

- Grant Writing Social Media Fundraising Special Projects
- Editing/Proofreading Sewing/Crafts Organizing Graphic Arts
- Document Translation

Other: _____

**We are always looking for bilingual volunteers; Do you speak a language other than English? No Yes _____

→Do you have a smartphone? No Yes

→Do you have a computer/internet access at home? No Yes

Please list one professional and one personal reference.

Name:	Address:	Phone:	Relationship to you:
Name:	Address:	Phone:	Relationship to you:

Please indicate when you are available to volunteer with us

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Do you have a valid driver's license and access to a working vehicle? Yes No

DL#: _____

State: _____ Exp: _____

Emergency Contact

Name:	Relationship to you:
Address:	Phone:

I hereby certify that all statements made in this application are true, and I understand that any false statement of material facts herein may cause forfeiture on my part of all rights to volunteer with the City of Reno. My signature also indicates my understanding that my application will be forwarded to the Backgrounds Investigation Unit and a background check will be performed prior to my acceptance into the program. *Details other than pass/fail of the background investigation will not be disclosed.*

Signature

Date

Return to Paula Hlade P.O. BOX 1900, Reno, NV 89505; FAX: 334-2227; EMAIL: hlade@reno.gov

Administrative Use Only

Received on _____ Interviewed on _____ Attended Orientation No Yes Event: _____

Initial Approval Reservations Reason:

Unapproved Reason: