

# **WILLIAMSON COUNTY SHERIFF'S OFFICE**

## **VICTIMS ASSISTANCE PROGRAM**

Thank you for your interest in our Victims Assistance Program.

### **MISSION STATEMENT**

The Williamson County Victims Assistance Program is committed to protecting the rights of and providing services to the victims and survivors of violent crime.

Through crisis intervention, counseling, advocacy, education, information and referral, the primary goal is to minimize the psychological and emotional trauma incurred as a result of the violent crime. Addressing these needs will in turn facilitate the victims' and witnesses' willingness and ability to cooperate with the Criminal Justice System in the investigation and prosecution of these crimes.

Please return completed application, request for records and waiver to:  
Williamson County Sheriff's Office  
Victims Assistance Attn: Julie Hobbs  
508 South Rock St.  
Georgetown, TX 78626

## **Please Read carefully before applying:**

Before completing this application, please read the minimum requirements below and assess if you are eligible to apply, physically capable of performing the duties and willing to fulfill the time requirements.

### **Minimum Requirements**

- At least 21 years of age
- No felony convictions (Misdemeanor cases will be reviewed on individual basis)
- A resident of Williamson County (will consider neighboring counties on case by case basis)
- Must have reliable transportation and current liability insurance
- A phone to be contacted on day or night
- Must be able to access email and navigate the VA website that includes sign up schedule and reports
- Submit to a background investigation
- Complete training and commit to one year of volunteer service
- Must meet the minimum shift requirements per month
- **Must have the ability to walk and navigate through many different terrains; gravel, high grass, uneven ground and be able to climb multiple flights of stairs to name a few. Must be able to stand for extended periods of times and work in all weather conditions.**

# WILLIAMSON COUNTY VICTIMS ASSISTANCE

## VOLUNTEER APPLICATION

Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

(As it appears on your driver's license)

Other Names You Have Been Known By \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City / County / State / Zip Code \_\_\_\_\_

How long at this address? \_\_\_\_\_

How long in Williamson County? \_\_\_\_\_

Mailing address, if different from above \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Pager \_\_\_\_\_ Email Address \_\_\_\_\_

Previous Address \_\_\_\_\_

Are you over the age of 21? \_\_\_\_\_

Name (s) of Relative (s) employed by the Williamson County Sheriff's Office, if any \_\_\_\_\_

Any friends or family in law enforcement? \_\_\_\_\_

Have you ever been arrested and / or convicted of a criminal act? (traffic offenses, juvenile offenses excluded) \_\_\_\_\_

If yes, date / location / charges / explanation \_\_\_\_\_

Have you ever been a victim of crime? \_\_\_\_\_ If yes, date / type of crime \_\_\_\_\_

Do you have your own transportation? \_\_\_\_\_

Would you be willing to provide emergency transportation to victims? \_\_\_\_\_

Do you have insurance on your vehicle? \_\_\_\_ Liability? \_\_\_\_ Comprehensive? \_\_\_\_ Carrier Name \_\_\_\_\_

Please list your educational, employment and volunteer experience in the spaces below, starting with the last one first.

Attach additional sheets if needed

School	Dates Attended	Major	Graduated?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employer	Dates	Reason for leaving	Name/Phone# of Contact
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Volunteer Organization	Dates	Reason for leaving	Name/Phone# of Contact
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Additional Questions:**

Are you willing and able to give at least a one year commitment to the Victims Assistance Program? \_\_\_\_\_

Are you willing and able to volunteer a minimum of 3 twelve-hour shifts per month (6am-6pm or 6pm-6am) with one of those being a weekend? \_\_\_\_\_

During the 12 hour shift on call, volunteers are required to be ready and available to respond immediately to a request for assistance; to travel to a scene and to provide direct support and assistance to victims.

Are you willing and able to perform the on call requirements? \_\_\_\_\_

Are you willing and able to sign up for holiday shifts? \_\_\_\_\_

Are you willing and able to volunteer for night shifts (6pm-6am)? \_\_\_\_\_



Please list three references who have known you for at least three years. Please do not list relatives or significant others:

Name:	Relationship (friend/neighbor/supervisor, etc)	Phone number/email:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list someone to notify in case of an emergency:

_____	_____	
Name	Address	
_____	_____	
Relationship		
_____	_____	_____
Home Phone	Cell Phone	Work Phone

**APPLICANT'S STATEMENT** (Please read carefully and sign below.)

**I hereby certify that the information provided is correct to the best of my knowledge. I understand that any false statements or information from me may void this application and prohibit me from volunteering for this program.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**PERSONAL INQUIRY WAIVER**

I authorize the Williamson County Sheriff's Office **Victims Assistance Program** to obtain any and all information that you may have concerning me, my work records, school record and my reputation. This information is to be used to assist the office in determining my qualifications and fitness for the volunteer position with the **Williamson County Victims Assistance Program**.

I hereby release the Williamson County Sheriff's Office or others from liability or damage which may result from the obtained information requested above.

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Applicant's Printed Name

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Date of Birth

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Applicant's Signature

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Date

**REQUEST FOR RECORDS**

We are requesting a copy of your records on the person named below:

Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Previous Married Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_

Sex: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Texas Driver's License Number: \_\_\_\_\_

Please check NCIC, TCIC and conviction records including driving records. This person has authorized release of such records below. The information is required for consideration as an applicant to the **WILLAMSON COUNTY VICTIMS ASSISTANCE PROGRAM**.

Please indicate that the records were checked and results noted below.

Authorization:

I authorize sheriff and police departments and law enforcement agencies to check NCIC, TCIC conviction records including driving records and to release such records to the **WILLIAMSON COUNTY VICTIMS ASSISTNACE PROGRAM**.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
**FOR OFFICE USE ONLY – APPLICANT DO NOT WRITE BELOW THIS LINE**

**Results of records check:** \_\_\_\_\_

**Records checked:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Results:** \_\_\_\_\_