

WILLIAMSON COUNTY SHERIFF'S OFFICE

VICTIM ASSISTANCE PROGRAM

Thank you for your interest in our Victim Assistance Program.

MISSION STATEMENT

The Williamson County Victim 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
Victim Assistance Attn: Volunteer Coordinator
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 VICTIM 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 _____

Age _____ 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 _____

Email Address _____

Previous Address _____

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 Victim 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 Victim 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 Victim 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.

Applicant's Printed Name

Date of Birth

Applicant's Signature

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 VICTIM 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 VICTIM 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: _____

Williamson County Sheriff's Office

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Williamson County Sheriff's Office, whether the said records are of private, public, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail, credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest in.

I understand that any information obtained by the Personal History Background investigation which is developed directly or indirectly, in whole or in part, upon this release of authorization will be considered in determining my suitability for employment by the Williamson County Sheriff's Office. I also certify that any person (s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

Information received from all sources will be kept confidential and **will not be released either to the applicant or personnel not involved in the hiring process.** Information will be released to any law enforcement agency requesting same and presenting a valid release form signed by applicant.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature

Texas DL # _____

Subscribed and sworn to before me, by the said named _____ this _____ day of _____, 20____ to certify which witness my hand and seal of office.

Notary Public, State of Texas