

VOLUNTEER APPLICATION FORM

Victim-Witness Assistance Program

Office of the District Attorney Tim Madison

P.O. Box 1220

Winder, Georgia 30680

770-307-3040

To help us find the best volunteer role for you, please complete the following application and return this form to the above address. Thanks!

_____		_____
Name		Date

Address		
_____	_____	_____
Home Phone	Birth Date	Social Security Number
_____		_____
If employed, occupation and place of employment		Work Phone

Who to contact in case of emergency: _____
Name Phone

- How did you hear about volunteering with the Victim-Witness Assistance Program?
- How much time each week/month would you be able to volunteer?
- Which times are most convenient for you? Please circle the day of the week, and write the times on the lines next to the day.

Monday from _____ to _____
Tuesday from _____ to _____
Wednesday from _____ to _____
Thursday from _____ to _____
Friday from _____ to _____
- Which kind of schedule do you prefer?
_____ Regular hours each week _____ Flexible hours during the month
_____ Regular hours each month _____ Called on an "as-needed" basis
- We will offer an orientation/training session for volunteers to give you more information about what we do, and to educate you about the criminal justice system, our forms, and issues that victims may be dealing with. Please circle daytime hours or evening hours to indicate which would be the best time for you for the orientation/training session.

Daytime hours

Evening hours

