

Victim Crisis Responder

Fox Cities Victim Crisis Response Team, Inc.

Volunteer Screening Form

Name: _____
Last First Middle

Address: _____
Number Street City Zip

Have you ever committed a felony (A crime punishable by imprisonment in a state prison)? Yes or No
Have you ever committed a misdemeanor (Any other crime but not traffic offenses)? Yes or No

Have you ever been arrested and/or convicted of a felony? Yes or No
Have you ever been arrested and/or convicted of a misdemeanor Yes or No

Release of Information Statement

As an applicant for the Victim Crisis Response program with the Grand Chute Police Department, I am willing to furnish information for use in determining my qualifications. In this connection, I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature.

I hereby release you, your organization or others from liability or damage, which may result from furnishing the information requested to the Grand Chute Police Department.

I understand for security reasons, background information will be requested and a basic clearance check will be conducted and I will be fingerprinted.

I understand that falsifying statements on this application or during the interview process is cause for my immediate dismissal from the Victim Crisis Response volunteer program.

Signature: _____ Date: _____

To be completed by VCR Coordinator:

Date: _____

Criminal History Check _____

Reference Check _____

Drivers License Check _____

Local Records _____

Fingerprint Check _____

Employment History _____

Other Issues:

Fox Cities Victim Crisis Response Team, Inc.
1900 W. Grand Chute Blvd
Grand Chute, WI 54913
(Office) (920) 380-2989

Volunteer Application

| | | | |
|--|-------|---|-------|
| Name: | | Today's Date: | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| Address: _____ | | _____ | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| Date of Birth _____ | | Soc. Sec No. _____ | |
| Drivers License No. And Expiration Date: _____ | | | |
| Is this license currently valid: Yes / No | | Do you have personal transportation: Yes / No | |
| Home Phone Number: _____ | | Cell Phone Number _____ | |
| Email Address _____ | | Previous Name(s) _____ | |

Are you currently employed? Yes No If yes, description of employment: _____

List any languages, other than English you speak _____

List any special skills, training, interest or hobbies that you have that may be useful to VCR
Program: _____

Education Background: High School Diploma / GED

College: Name of School _____ Dates _____

Degree Received: _____

Volunteer Experience: _____

Please List any other community activities: _____

Have you had any traumatic experiences that would benefit or jeopardize your participation on the
VCR Team? _____

Is there anything in your past that might disqualify you from functioning as a Victim Crisis Responder
for the Fox Valley Police Departments? Yes__No__If yes, please describe briefly: _____

Work Experience (Most recent first---within the last five years)
Employer/Supervisor _____ Phone Number _____

1.) _____

Duties: _____

2.) _____

Duties: _____

3.) _____

Duties: _____

I heard about the VCR program through _____

List 3 personal references other than family:

Name: _____ Phone: _____ Relationship: _____

1.) _____

2.) _____

3.) _____

In case of emergency, please contact:

Name: _____ Phone _____

Relationship to Volunteer: _____

In order to evaluate each application, we are in need of gaining a clear understanding of your suitability to participate in the VCR program. On a SEPARATE sheet of paper, please PROVIDE A BRIEF PERSONAL HISTORY along with a description of interests in the program. Then explain what you would like to learn during the training sessions.

Applications may be mailed/emailed/delivered to:

Victim Crisis Response Coordinator
Grand Chute Police Department
1900 W Grand Chute Blvd
Grand Chute, WI 54913
ginfo@grandchute.net