

THE DENVER CENTER FOR CRIME VICTIMS
VOLUNTEER APPLICATION

Please complete both pages. Upon receipt, we will contact you to arrange for an interview and agency tour.

Date _____

LEGAL NAME: _____ Have you ever been known by another name? _____ PHONE: Home _____ Work _____

PRESENT ADDRESS: _____
(Street address)

(City) (State) (Zip Code)

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

PLEASE LIST SOMEONE TO NOTIFY IN CASE OF EMERGENCY:

(Name) (Relationship) (Home phone) (Work phone)

PRESENT EMPLOYER: _____

DO YOU REQUIRE SPECIAL NEEDS ACCOMODATIONS? Yes _____ No _____
Describe: _____

PLEASE LIST THREE REFERENCES (other than relatives):

1. _____
(Name) (Relationship)

(Daytime phone) (Evening phone)

2. _____
(Name) (Relationship)

(Daytime phone) (Evening phone)

3. _____
(Name) (Relationship)

(Daytime phone) (Evening phone)

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EDUCATION LEVEL COMPLETED:

Degree: _____ Major: _____

SCHOOL YOU ARE CURRENTLY ATTENDING: _____

SKILLS OR TALENTS SPECIFIC TO DCCV:

HAVE YOU BEEN A CRIME VICTIM? Yes _____ No _____ If yes, please explain briefly
(including year of incident):

HAVE YOU EVER BEEN ARRESTED FOR ANYTHING OTHER THAN A MINOR
TRAFFIC OFFENSE? Yes _____ No _____ If so, please provide an explanation:

HOW DID YOU LEARN ABOUT DCCV?

Return Completed Application to:
Kathi Fanning
The Denver Center for Crime Victims
P.O. Box 18975
Denver, CO 80218
(303) 831-7282 Fax
kfanning@denervictims.org