# VICTIM ADVOCATE VOLUNTEER APPLICATION

# RAWLINS POLICE DEPARTMENT

PO BOX 953
RAWLINS, WY 82301
307-328-4530
FAX 307-328-4588
web site: www.rawlinswy.gov

PLEASE PRINT

**Name:**

_____

(Last) (First) (Middle) Are you 21 or older? Y/N

**Address:**_____
(PO Box) ( Street) (City) (State) (Zip)

**Telephone:** _____**Mobile/Beeper/Other:**_____

**For the purpose of background verification, please provide the following:**
**Height:** _____ **Weight:** _____ **Hair Color:** _____ **Eye Color:** _____
**Scars, tattoos, or other distinguishing marks:** _____

**Have you ever been convicted of a felony?** ◯ **Yes** ◉ **No**
**If yes, please explain:**_____

_____

CONVICTION WILL NOT NECESSARILY BE A BAR TO VOLUNTEERING. EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

**Birthplace:**_____**Driver's License #/STATE:** _____

**You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide such documentation?** ◯ **Yes** ◉ **No**

**I possess a High School Diploma** ☐ **G .E.D.** ☐ **Other equivalent (explain)** ☐ _____

For office use only:

| Process | Date completed | By (print name) | Signature |
|---|---|---|---|
| Records Check | | | |
| Admin Approval | | | |
| Chief Approval | | | |
| Sent to Victim Advocate/Contact Volunteer | | | |
| Volunteer Training completed | | | |