

Volunteer / Intern Job Description

VICTIM ASSISTANCE PROGRAM

Responsibilities:

1. Maintain confidentiality of all information received from or about victim, witnesses, or defendant.
2. Communicate with the public by phone, mail, email and in person.
3. Provide information about the criminal justice system.
4. Document all case activity and victim contact in Tracker Management System
5. Accurately provide information on case status.
6. Attend court hearings with victims or on behalf of victims when their presence is not required.
7. Sit in witness room with victims if necessary.
8. Provide referrals and coordinate services with agencies that provide food, shelter, support groups, medical care, crisis/emergency intervention and long-term therapy/counseling
9. Maintain professional manner and appearance. Adhere to dress code.
10. Performs any other duties and responsibilities as requested

Qualifications:

1. Must attend training sessions.
2. Must have the ability to be sympathetic, caring and supportive.
3. Must be detail oriented.
4. Must be 18 years of age or older.
5. High School Diploma or GED
6. Computer literacy is required: Microsoft Word, Excel (*helpful*), and E-Mail. Copier, Fax, Scanner
7. Must be willing to submit to a criminal background check and be fingerprinted.
8. Minimum commitment-one day per week.
9. ***MAINTAINING CONFIDENTIALTY IN ALL CASES IS AN ABSOLUTE MUST. ANY BREACH IS CAUSE FOR IMMEDIATE DISMISSAL.***

To Get Started:

- Return completed application to the Bartow or Gordon County Victim Assistance Office
- An interview will be scheduled for qualified applicants

Victim Assistance Volunteer/Intern Application

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail address _____

Birth date _____ Social Security #: _____

Do you speak another language? ____ If so, what? _____

In which office would you like to volunteer: ____ BARTOW ____ GORDON

Start date _____ Hours available _____ / _____ / _____ / _____ / _____

Availability: (Please circle days applicable) Mon Tues Wed Thurs Fri

Do you have your own transportation? _____

Do you have any previous volunteer experience? _____

If yes, please describe the location and nature of service. _____

Explain why becoming a Victim Advocate Volunteer is appealing to you.

Emergency Contact:

Name _____ Relation: _____

Telephone _____ Address _____

Confidentiality Statement

I understand that all information related to criminal case files with which I come in contact while working with the Victim/Witness Assistance Unit of the District Attorney's Office are **confidential**. I agree to honor this confidentiality statement throughout my association with the office and upon termination of my volunteer services.

I hereby certify that the above information is true and give my permission for any necessary verification.

Volunteer Signature

Date