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.
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.
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.

__________________________________________ Date ____________________________
Volunteer Signature Date