



Kalamazoo County Sheriff's Office Victim Services Unit Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Date of Birth	
Drivers License Number	
Home Phone	
Work Phone	
E-Mail Address	

Employment Information

Check One:	Employed	Unemployed	Self-Employed	Retired
Employer:				
Title/Duties:				
Number of years with Employer:				
Supervisor:				
Work Hours:				
Previous Employer:				
Reason for leaving:				

Education:

Education:	High School:
	College:
	Degree:
Other:	

References: List three (3) references not related to you:

Name/Phone	
Address	
Name/Phone	
Address	
Name/Phone	
Address	

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
- Weekday afternoons Weekend afternoons
- Weekday evenings Weekend evenings

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

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Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Authorization for Record Check:

In consideration of the Kalamazoo County Sheriff's Office considering me for the Victim Services Program, I hereby authorize the Sheriff's Office, its employees, representatives, and agents to make such investigation and inquiries of my personal, employment, medical history, driving record, criminal history, and other related matters as may be necessary to determine my suitability for the Program by the County of Kalamazoo. I hereby waive my right to privacy and release employers, schools and/or persons from any liability in responding to inquiries in connection with my application for this program.

In the event of my acceptance to this Program, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Please return this form to:

Kalamazoo County Sheriff's Office
Lt. Michelle M. Greenlee
1500 Lamont Ave
Kalamazoo, Michigan 49089

