



# OFFICE OF THE DISTRICT ATTORNEY

COUNTY OF VENTURA, STATE OF CALIFORNIA

**GREGORY D. TOTTEN**  
District Attorney

**JANICE L. MAURIZI**  
Chief Assistant District Attorney

**MICHAEL K. FRAWLEY**  
Chief Deputy District Attorney  
Criminal Prosecutions

**W. CHARLES HUGHES**  
Chief Deputy District Attorney  
Administrative Services

**MICHAEL R. JUMP**  
Chief Deputy District Attorney  
Victim & Community Services

**MICHAEL D. SCHWARTZ**  
Special Assistant District Attorney  
Justice Services

**R. MILES WEISS**  
Chief Deputy District Attorney  
Special Prosecutions

**MICHAEL BARAY**  
Chief Investigator  
Bureau of Investigation

## Crime Victims' Assistance Unit Volunteer Agreement

I understand that I am volunteering my services and that these services may be terminated at any time, with or without notice, by the Ventura County District Attorney's Office. I further understand that I may terminate my service with the District Attorney's Office at any time if I so choose. If neither party terminates the volunteer agreement, I agree to commit a minimum of eight (8) hours per week for one year to the Ventura County District Attorney's Office.

I acknowledge that I have no claim of employment with the County of Ventura arising out of my volunteer services.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Name (printed)



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District Attorney

800 SOUTH VICTORIA AVENUE  
VENTURA, CA 93009  
(805) 654-2500

## CRIME VICTIMS' ASSISTANCE UNIT VOLUNTEER INFORMATION

*(Please print or type)*

<b>Name:</b>		<b>Date:</b>
<b>Street Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Home Phone:</b>	<b>Work Phone:</b>	
<b>Cell Phone:</b>	<b>E-Mail:</b>	
<b>Emergency Contact Name and Telephone Number:</b>		

Please list your past employment (include volunteer experience)

**Dates of Employment:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Phone No. & Supervisor's Name:** \_\_\_\_\_

**Duties:** \_\_\_\_\_

**Hours Worked:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Phone No. & Supervisor's Name:** \_\_\_\_\_

**Duties:** \_\_\_\_\_

**Hours Worked:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Phone No. & Supervisor's Name:** \_\_\_\_\_

**Duties:** \_\_\_\_\_

**Hours Worked:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Phone No. & Supervisor's Name:** \_\_\_\_\_

**Duties:** \_\_\_\_\_

**Hours Worked:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Phone No. & Supervisor's Name:** \_\_\_\_\_

**Duties:** \_\_\_\_\_

**Hours Worked:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Education/Special Training**

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**Time Availability (Check off as many as you like):**

	Monday	Tuesday	Wednesday	Thursday	Friday
Mornings (8:00 – 12:00)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Midmorning (10:30 – 2:30)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoons (1:00 – 5:00)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Please read the following statements carefully and print or type your name in the space provided below:**

I understand that a background check will be conducted and references will be contacted as part of the volunteer application process.

Certificate of Applicant: All answers and statements in this document are true and complete to the best of my knowledge and belief. I understand that untruthful and misleading answers are cause for rejection of my application or dismissal.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Name (printed)