



OFFICE OF THE DISTRICT ATTORNEY

County of Ventura, State of California

GREGORY D. TOTTEN

District Attorney

MICHAEL K. FRAWLEY
Chief Deputy District Attorney
Criminal Prosecutions

W. CHARLES HUGHES
Chief Deputy District Attorney
Administrative Services

MICHAEL D. SCHWARTZ
Special Assistant District Attorney

R. MILES WEISS
Chief Deputy District Attorney
Special Prosecutions

KENNETH A. VALENTINI
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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GREGORY D. TOTTEN, District Attorney

800 South Victoria Avenue

Ventura, CA 93009

(805) 654-2500

CRIME VICTIMS' ASSISTANCE UNIT VOLUNTEER INFORMATION

Please complete the **BOLD** sections only.

Section 1.

Volunteer Name _____

DOB _____

Estimated Start Date _____ Projected Terminate Date _____

Estimated Time Commitment _____ months

Estimated Number of Hours to be Worked per Week _____

Supervisor's Name _____

Section 2.

Address _____

Home Phone () _____ **DA Work Phone** () _____

Pager () _____ **Cell** () _____

Section 3.

Emergency Contact Information

Name _____ **Relationship** _____

Home Phone () _____ **Other Phone** () _____

DO NOT WRITE BELOW THIS LINE

Card No. _____ Access Level _____

Completed By _____ Date _____



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CRIME VICTIMS' ASSISTANCE UNIT VOLUNTEER APPLICATION

(Please print or type)

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

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: _____

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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

Special Skills, Areas of Interest, Hobbies, etc.

Have you ever worked or volunteered in the District Attorney's Office? Yes No

If yes, when and in what capacity? _____

Do you have a family member who is currently, or in the past, an employee of the District Attorney's Office? Yes No

Name of person: _____

Languages spoken other than English:

1.	Fluently <input type="checkbox"/>	Passably <input type="checkbox"/>
2.	Fluently <input type="checkbox"/>	Passably <input type="checkbox"/>

Volunteer Commitment:

We require a commitment of at least 8 hours a week for one year.

Please provide us with your estimated time commitment to the office during your assignment as a volunteer:

- 8-16 hours per week**
- 17-24 hours per week**
- More than 24 hours per week**

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"/>

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)

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