



**Victim Services Unit**  
**Charlevoix County Sheriff's Office**  
 Sheriff Charles Vondra  
 VSU Coordinator – Sarah M. Kaminski  
 1000 Grant St.  
 Charlevoix, MI 49720  
 Phone (231) 547-4461 Fax (231) 547-6720

## **Victim Services Unit Application**

### **Contact Information**

Name	
Street Address	
City, State, Zip Code	
Date of Birth	
Driver's License Number	
Home Phone	
Work Phone	
E-mail Address	

### **Employment Information**

Circle one	Employed	Unemployed	Self-Employed	Retired
Employer				
Title/Duties				
Number of Years with Employer				
Supervisor				
Work Hours				
Previous Employer				
Reason for Leaving				

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

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



# VICTIM SERVICES UNIT APPLICATION

*(continued)*

## **Availability**

During which hours are you available to volunteer assignments?

- |   |   |
|---|---|
| <input type="checkbox"/> Weekday mornings   | <input type="checkbox"/> Weekend mornings   |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings   | <input type="checkbox"/> 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.

**Please explain why you would like to be a volunteer with our Victim Services Unit.**

As a volunteer, you will be working with clients of many different ethnic and socio-economic backgrounds. Sometimes clients may have values or beliefs quite different from your own. **Please describe why this will or will not present a difficulty or adjustment for you as a service provider.**



## **VICTIM SERVICES UNIT APPLICATION**

*(continued)*

### **Authorization for Record Check**

In consideration of the Charlevoix County Sheriff's Office considering me for the Victim Services Unit, 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 Unit by the County of Charlevoix. 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 Unit, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Printed Name	
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 entire form to:**

Attn: Sarah M. Kaminski  
Charlevoix County Sheriff's Office  
1000 Grant St.  
Charlevoix, MI 49720