



YAVAPAI COUNTY ATTORNEY'S OFFICE
DENNIS M. MCGRANE, COUNTY ATTORNEY

255 East Gurley Street

Prescott, AZ 86301

www.yavapaiaz.gov/coatty

ycao@yavapaiaz.gov



VICTIM SERVICES VOLUNTEER APPLICATION

Last Name _____ **First Name** _____ **Middle Initial** _____

Address: _____ **City** _____ **Zip** _____

Phone Number: Home: (____) _____ Cell: (____) _____

Email Address: _____

What areas do you wish to volunteer for? (check all that apply)

Phone Advocacy _____ **Court Advocacy** _____ **Clerical** _____

Do you have your own transportation? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____

If yes, please explain, give location and date: _____

Are you able to perform the essential functions of the position for which you have applied, with or without accommodations? Yes _____ No _____

Educational Background: _____

Work Experiences: _____

List any other volunteer activities/groups you have been involved in: _____

Why are you interested in volunteering with Yavapai County Victim Services Division?

Criminal Division
(928) 771-3344

Civil Division
(928) 771-3338

Bad Check Program
(928) 771-3490

Victim Services
928-771-3485

Special skills or interests: _____

How many volunteer hours per week can you give to this program? _____

Would you be willing to work the above number of hours for at least 6 months? _____

How did you hear about this program? _____

Please provide us with names, addresses, and phone numbers of 2 professional references (former supervisor, co-worker or affiliate in volunteer group)

References:

Last Name	First Name	Middle Initial
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Address: _____	City _____	Zip _____
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Phone Number: (____) _____	Alternate Number: (____) _____
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Email Address: _____

Last Name	First Name	Middle Initial
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Address: _____	City _____	Zip _____
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Phone Number: (____) _____	Alternate Number: (____) _____
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Email Address: _____

All volunteers must pass a criminal background and Arizona MVD (driver's license) check. I understand that as a volunteer/intern I agree to comply with the policies of the Yavapai County Attorney's Office and to maintain complete confidentiality regarding all information concerning victims, defendants and case information.

Date _____

Signature _____

Please Return To:

Yavapai County Attorney's Office
Victim Services Division, Volunteer Coordinator
255 E. Gurley Street, Prescott, AZ 86301

Questions?

Contact the Volunteer Coordinator at:
Prescott Office: (928) 771-3485
Victim.Services@yavapaiaz.gov