

Natrona County Sheriff's Office

Gus Holbrook - Sheriff
Victim's Response Unit
Dalene Asmus - Victim Services Coordinator
201 N. David - 2nd Floor
(307) 235-9338 Telephone
(307) 235-9252 Fax
dasmus@natronacounty-wy.gov

Victim Advocate Application

All applicants are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap

PLEASE PRINT

Name: _____ **Date:** _____

Physical Address: _____

City _____ **State** _____ **Zip Code** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: (home) _____ **(work)** _____ **(other)** _____

Social Security Number: _____ - _____ - _____ **Date of Birth:** _____

On what date would you be available to begin? _____ **Can you drive?** _____

Driver's License Number: _____ **Expiration Date:** _____

Have you ever been convicted of a felony? _____ **Have you had a traffic ticket?** _____

If YES, please explain: _____

Are you a Veteran of the U.S. Military service? _____ **If YES, what Branch?** _____

Please indicate languages you speak, read, and/or write.

	FLUENT	GOOD	FAIR
SPEAK:			
READ:			
WRITE:			

List professional, trade, business, or civic activities and offices held: _____

Please list your last three employers:

Employer: _____ **Address:** _____ **Telephone:** () _____

Job Title/Description: _____ **Date:** _____ **to** _____

Employer: _____ **Address:** _____ **Telephone:** () _____

Job Title/Description: _____ **Date:** _____ **to** _____

Employer: _____ **Address:** _____ **Telephone:** () _____

Job Title/Description: _____ **Date:** _____ **to** _____

Please summarize your special skills, qualifications, and experiences that you would bring to the Victim Response Team as an Advocate: (if you need additional space, please continue on the back of this sheet.)

Please explain why you want to become a member of the Victim Response Team:

Please state any additional information you feel may be helpful to us in considering your application:

Please list at least three personal references that we may speak to. Please make sure these people are not related to you. You may have worked with them, for them or been involved in a volunteer organization with them.

1. _____
Name Phone

Address

2. _____
Name Phone

Address

3. _____
Name Phone

Address

4. _____
Name Phone

Address

5. _____
Name Phone

Address

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps.

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below:

Handicapped Individual ___ Disabled Veteran ___ Vietnam Era Veteran ___

Are there any special requirements that need to be met during the written and oral phase of testing? _____

If yes, explain: _____

Signature: _____ Date: _____

APPLICANTS STATEMENT AND BACKGROUND INVESTIGATION WAIVER

I certify that the answers given herein are true and complete to the best of my knowledge. In the event of acceptance, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Agency.

I authorize investigation of all statements contained in this application as may be necessary in arriving at a decision concerning acceptance or rejection as a volunteer victim advocate. I understand that this application is not intended to be a contract of employment.

I hereby authorize the Casper Police Department and/or Natrona County Sheriffs Office to conduct an intensive background investigation on my character. I understand that any and all information obtained will be held strictly confidential. I further understand that the background investigation will include the interview of my past and present employers.

Signature: _____ Date: _____