

Victim Advocate Volunteer Application Mecosta and Osceola Counties



Name:				Date	e:			
Last	First	Middle						
Address:								
Street		City	State	Zip Code	Phone			
DOB:	Social Security Number:			Driver License Number:				
Employer:			Phone:					
Job Duties:			Work Hours:					
How many hours per week	would you be available	e to volunteer?						
List education/skills or rela	ted experience:							
High School:			College:					
Professional/Technical:								
Other:								
List two personal reference	s (Not relatives or emp	loyers):						
Name:		Phone:		Address:				
Name:		Phone:		Address:				
List any prior volunteer exp	perience:							
Have you ever been convic								
List any employees of the Mecosta or Osceola County Sheriff's Office with whom you are personally acquainted we can contact:								

I	Friend	News	County Web Page	Social Media	Other
grounds Mecosta my backs running to Office w	for immediate and/or Osceola ground. I author these reports. I here security is	dismissal as a vo a County Sheriff orize the Sheriff' These reports are as a requirement of	olunteer. I acknowledge 's Office, that the Sherit s Office to conduct this to be used for volunteer	and understand that fif's Office will run a background investige consideration in the mation obtained und	anderstand that ANY false statement will be as an applicant for a volunteer for the criminal history and driving record check on ation and release them from any liability in Mecosta and/or Osceola County Sheriff's er these background checks is to be held in ate use.
Applican	nt's Signature:			Date:	

How did you hear about the Mecosta/Osceola County Sheriff's Offices Volunteer Services?