



BOB HERMANN
DISTRICT ATTORNEY
WASHINGTON COUNTY
Justice Services Building
150 N. First Avenue, Suite 300, MS 40
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Victim Assistance Volunteer and Internship Program

Agency: Washington County District Attorney's Office

Office: Victim Assistance Program

Volunteer Program Coordinator: (503) 846-3495, DAVAP@co.washington.or.us

Website: [Washington County DA Volunteers and Interns Overview](#)

Victim Assistance Program:

The Victim Assistance Program is a team of crime victim advocates who assist victims through the criminal justice system. Advocates assist victims by providing general information about the criminal justice system, informing victims of their rights, notifying victims about court hearings, accompanying victims to grand jury and court hearings, assisting with restitution and Crime Victims' Compensation claims, and providing referrals to community resources. Advocates assist victims of all types of crimes, including sexual assault, domestic violence, homicide, harassment, child physical and sexual abuse, menacing, robbery, elder abuse, property crimes, identity theft, vehicular assaults, and violation of protective orders.

About the Volunteer and Internship Program:

The Victim Assistance Volunteer and Internship Program provides hands-on experience to students or community members interested in making a difference in their community and learning more about victim advocacy and the criminal justice system. Volunteers and interns work closely with victim assistance staff and district attorneys to provide informational and emotional support to victims of all types of crime. Volunteers and interns gain important behind-the-scenes knowledge of the prosecutor's role in the court system by supporting crime victims and assisting deputy district attorneys in carrying out the prosecutorial role. Volunteers can be students or community members, and they must make a one year commitment with no hour per week stipulations. Interns are current students, and they must commit to a minimum six-month internship, at a minimum of 15 hours per week; interns are unpaid and they can earn academic credit or fulfill course internship requirements with this internship. We are happy to provide professional references to volunteers and interns upon completion of the program.



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**WASHINGTON COUNTY DISTRICT ATTORNEY'S OFFICE- VICTIM ASSISTANCE PROGRAM
Volunteer and Internship Program Application**

Full Name: _____
Birthdate: _____ Social Security #: _____
Home Phone #: _____ Cell Phone #: _____
Address: _____
Mailing Address (if different): _____
Email Address: _____
Driver's License #: _____ State: _____ Expiration: _____
Do you have reliable transportation? Y N
Emergency Contact Person: _____ Phone: _____
Accommodations: _____

PRESENT OR MOST RECENT EMPLOYMENT:

Employer: _____ Supervisor: _____
City, State: _____ Phone: _____
Employed From: _____ To: _____ Your Job Title: _____
Job Duties: _____
May we contact the employer listed above? Y N

PREVIOUS VOLUNTEER OR INTERN EXPERIENCE:

Organization: _____ Supervisor: _____
City, State: _____ Phone: _____
From: _____ To: _____ Your Position Title: _____
Position Duties: _____
May we contact the supervisor listed above? Y N

EDUCATION:

Name/Location

Course of Study

Dates Attended

Degree

GENERAL BACKGROUND:

Are you fluent in any languages other than English? If yes, please specify language(s) and level of proficiency:

Do you have other training or special skills you would like us to know about? _____

What are your hobbies and favorite leisure activities? _____

Have you ever been arrested or convicted of a crime? Y N If "yes" please explain: _____

Have you ever been the victim of a crime? Y N If "yes" please explain: _____

Has a family member ever been the victim of a crime? Y N If "yes" please explain: _____

Have you ever received services or support from any victim/survivor services organization (system or community based)?

Y N If "yes" please explain: _____

Have you previously applied to, worked or volunteered at a Victim Assistance Program? If so, where _____

How did you learn about this volunteer opportunity? _____

Are you seeking to fulfill community service hours? Y N

Are you able to follow strict confidentiality procedures? Y N

What is your favorite group of people to work with? _____

Are you comfortable working with children? Y N

What is your availability? Please list days of the week and times of day. (DA Office hours are Monday through Friday from 8am until 5pm.) _____

Are you able to commit to the minimum volunteer time commitment (at least 1 year) or minimum internship time commitment (at least 6 months, 15 hours per week)? Y N

Are you available to attend mandatory quarterly meetings? Y N

What type of criminal caseload interests you? Please mark all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Domestic & Sexual Violence | <input type="checkbox"/> Person Crimes |
| <input type="checkbox"/> Child Abuse | <input type="checkbox"/> Property Crimes |
| <input type="checkbox"/> Restitution Cases | |

What volunteer/intern jobs are you most interested in? Please mark all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Setting Up Case Files | <input type="checkbox"/> Trial Accompaniment |
| <input type="checkbox"/> Victim Contact Calls | <input type="checkbox"/> General Office Assistance |
| <input type="checkbox"/> Grand Jury Accompaniment | <input type="checkbox"/> Restitution Assistance |

SUPPLEMENTAL QUESTIONS

Please complete these short answer questions on a separate sheet of paper. Your answers do **not** need to be typed.

1. Why are you seeking a volunteer or intern position with the Victim Assistance Program?
2. What experience (if any) have you had with the criminal justice system?
3. What experience and skills can you contribute to the Victim Assistance Program? What are your strengths?
4. What do you hope to achieve through the volunteer/intern program with Victim Assistance?
5. We work with adult and child victims of sexual abuse, sexual assault, homicide and domestic violence. Would you have a hard time working with any of these populations? Are there any other situations in working with victims that would make you uncomfortable? Please elaborate.

IF YOU ARE SEEKING AN INTERNSHIP (only intern applicants should fill out this section):

Name of University/College: _____

Major: _____ Minor: _____ Level/Year: _____

Advisor: _____ Phone #: _____

Department: _____ Class: _____

Why are you seeking an internship? _____

How many hours of practicum experience do you need to fulfill your class requirement? _____

For what length of time are you seeking to intern? 6 Months 9 months 1 Year >1 Year

Are you obtaining your undergraduate degree or graduate degree? _____

Anticipated Internship Start Date: _____ Anticipated End Date: _____

SUBMIT YOUR APPLICATION BY ONE OF THE FOLLOWING:

Mail:

Washington County DA's Office
Attn: Volunteer Coordinator
150 N First Avenue
Suite 300, MS 40
Hillsboro, OR 97124-3002

Fax:

Attn: Volunteer Coordinator
(503) 846-3407

Email:

DAVAP@co.washington.or.us

ALL APPLICANTS

I understand that the District Attorney's Office will verify the information in my application and that failure to provide true and complete information is grounds for disqualification from participating in the Victim Assistance Program.

Signature of Applicant

Date