

**Maricopa County Attorney's Office
Victim Services Division**

Volunteer/Intern Description

- Title:** **Victim Advocate Assistant**
- Description:** Assist advocates in providing assistance, information and services to victim(s) of various crimes.
- Qualifications:**
- * Must be 18 years of age.
 - * Must pass criminal background check.
 - * Must have a valid Arizona Driver's License, personal transportation to and from placement.
 - * Must not currently be or within the past 12 months been a victim in a criminal case.
 - * Ability to work effectively with victim(s) in a mature, non-judgmental and sensitive manner.
 - * Ability to communicate well both verbally and in writing with the public and criminal justice personnel.
 - * Ability to follow verbal and written instructions.
 - * Ability to make good and sound decisions.
 - * Ability to work independently.
- Responsibilities:** Contact victim(s) of various crimes to:
- * Provide case and criminal justice information throughout the course of prosecution.
 - * Explain victim rights and criminal justice system.
 - * Check welfare, make necessary financial and/or social referrals.
 - * Provide emotional support, empathetic and active listening.
 - * Escort victim(s) to court appearances as requested.
 - * Assist in arranging transportation for victim(s) to court hearings or interview(s) at request of advocate(s) or attorney(s).
 - * Schedule interviews at request of the attorney(s) or advocate(s).
 - * Utilize computer systems to research case status.
 - * Document all communication accurately in County Attorney Information System – Victim Information System.
- Training:**
- * Successfully complete Victim Services Essentials Training
 - * On the job training
 - * Ongoing in-service training
- Commitment:**
- * Minimum of 6 months for volunteers or one semester for interns.
 - * Minimum of 4 to 6 hours per week for volunteers or 10 hours for interns.

For more information, contact the Volunteer/Intern Coordinator at (602)506-8522.

Maricopa County Attorney's Office
Application Process for Victim Services Division
Volunteers and Interns

1. Individuals who are interested in volunteering or interning must **fully** complete an application and return it to the Victim Services Division at the address listed below. Please be aware that processing the application may take several weeks.
2. All applications will be reviewed. If deemed initially appropriate for placement in the Victim Services Division, a panel interview will be scheduled at the convenience of the applicant and the Victim Services Division personnel.
3. Upon completion of the interview, the application may be forwarded to the Administration Division of the Maricopa County Attorney's Office for a background investigation.
4. Upon successful completion of the background investigation, the applicant is required to complete a drug screening and be fingerprinted through the Maricopa County Sheriff's Department.
5. Applicants will be notified of acceptance or denial of placement with the Victim Services Division.
6. Once an applicant has been selected for placement they must successfully complete the Victim Services Division training program.
7. We reserve the right to discontinue processing or terminate placement at any time during the application process or placement.

For more information, contact Volunteer/Intern Coordinator at (602) 506-8522.

Mail application to: Maricopa County Attorney's Office
Victim Services Division
Attn: Volunteer/Intern Coordinator
301 W. Jefferson, 9th Floor
Phoenix, AZ 85003

**Maricopa County Attorney's Office (MCAO)
Victim Services Division
Volunteer/Intern Application**

Last First Middle

Address _____

City _____ State _____ Zip _____ Date of Birth _____

Home # () _____ Cell # () _____ Work # () _____

Email Address _____

Are you 18 years of age or older? YES NO

Last year of school completed _____ Graduate Student ___ 1st year ___ 2nd year

Name of college/university _____ Major _____

If you are a student, describe your career goal(s)

Describe work, course(s), training(s) and/or volunteer experience(s) that would assist you in volunteering/interning with Victim Services?

What do you think you can personally gain from this type of volunteer/internship experience?

Are there any particular types of crimes you would rather not work with or prefer to work with?
(i.e. homicide, vehicular, gang, child molestation, family violence, sex crimes, armed robbery, etc...)

Work availability (6 month commitment for volunteers or 1 semester for interns)

Begin Date: _____

Specific days: (circle all that apply): M T W TH F

Specific hours: _____

How did you learn about this position? _____

Are you acquainted with and/or related to any employee or former employee of the County Attorney's Office?

Are you willing to accept any assignment within the office for which you are qualified? _____

Are you willing to work at any location within Maricopa County where your services are needed? _____

What are your strengths and weaknesses in the work environment?

Please describe your style of communication, preferred job task performance style (i.e. do you prefer to work independently or as part of a team, do you delegate to others or do it all yourself, etc...) and method of managing conflict?

What do you see as the relationship between supervisor and employee in the work environment?

What significant responsibilities have you fulfilled in your employment and/or academia?

If you are proficient in another language or software, are willing to use it on the job, complete the following section:

LANGUAGE	CHECK SKILL	ATTAINED FOR	EACH LANGUAGE	
	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Speak	
	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Speak	
	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Speak	
RATE YOUR SKILLS WITH THE FOLLOWING SOFTWARE:	<u>NONE</u>	<u>BASIC</u>	<u>MODERATE</u>	<u>ADVANCED</u>
Access				
Excel				
Internet Browsers				
Outlook				
PowerPoint				
Word				
WordPerfect				
List other(s) below				

EMPLOYMENT HISTORY: (List most recent and include volunteer organizations)

I give permission to contact all prior employers.

1. Business name _____ Phone # () _____

Address _____ City _____ State _____ Zip _____

Title _____ Type of business _____

Employed from _____ to _____ Supervisor's name _____

Description of duties

What responsibilities did you like most and least about this position?

Reason for leaving

2. Business name _____ Phone # () _____

Address _____ City _____ State _____ Zip _____

Title _____ Type of business _____

Employed from _____ to _____ Supervisor's name _____

Description of duties

What responsibilities did you like most and least about this position?

Reason for leaving

3. Business name _____ Phone # () _____

Address _____ City _____ State _____ Zip _____

Title _____ Type of business _____

Employed from _____ to _____ Supervisor's name _____

Description of duties

What responsibilities did you like most and least about this position?

Reason for leaving

4. Business name _____ Phone # () _____

Address _____ City _____ State _____ Zip _____

Title _____ Type of business _____

Employed from _____ to _____ Supervisor's name _____

Description of duties

What responsibilities did you like most and least about this position?

Reason for leaving

5. Business name _____ Phone # () _____

Address _____ City _____ State _____ Zip _____

Title _____ Type of business _____

Employed from _____ to _____ Supervisor's name _____

Description of duties

What responsibilities did you like most and least about this position?

Reason for leaving

6. Business name _____ Phone # () _____

Address _____ City _____ State _____ Zip _____

Title _____ Type of business _____

Employed from _____ to _____ Supervisor's name _____

Description of duties

What responsibilities did you like most and least about this position?

Reason for leaving

I attest that all the information I have provided is truthful and complete.

Signature

Date

VOLUNTEER/INTERN AGREEMENT

	Circle One	
1. Will you allow MCAO to conduct a background check?	YES	NO
2. Do you agree to be fingerprinted?	YES	NO
3. Do you understand and agree to a records check with law enforcement?	YES	NO
4. Do you agree to attend and complete the volunteer/intern training program?	YES	NO
5. Are you willing to make a volunteer/intern commitment to:		
1 Semester (Interns)	YES	NO
6 Months (Volunteers)	YES	NO
6. Are you willing to make a specific hourly commitment for:		
10 Hours per week (Interns)		
4 – 6 Hours per week (Volunteers)	YES	NO

As a volunteer/intern, I understand that the Victim Services Division requires a completed application, an interview, a background check, drug testing, fingerprinting and photo for picture identification. I understand that this internship is not paid and no monetary reimbursement is provided by the Maricopa County Attorney’s Office. I understand that as a volunteer/intern I am not entitled to any benefits which are provided to Maricopa County employees. I further understand that as a volunteer/intern I am obligated to comply with the Employee Policies and Procedures of the Maricopa County Attorney’s Office. I agree to sign and uphold the confidentiality agreement as outlined in the training manual. I also understand that working as a volunteer/intern carries no promises of future employment with this agency.

Signature

Date