



**Clackamas County District Attorney's Office
Victim's Assistance Program**

Application for Volunteer Victim Advocate

Personal Data:

Type of Position:		VOLUNTEER VICTIM ADVOCATE		
Name:	(Last)			(MI)
Address:	(Street)	(City, ST)		(ZIP)
DOB:				
Cell Phone:		Home Phone (Include area code):		
Driver's License Number:		State:		
Education/Training:	Highest Grade Completed:	Identify Degree or Diploma Received:	School/College Attended:	
Specialized Classes or Major:				

How did you learn about the Victim Assistance Program?

Have you ever had any contact with the police (including traffic violations)? Yes/No

Explain the circumstances, including date, county & state and if you were either a Victim, Witness or Defendant:

(If accepted into the Victim Assistance Program, a criminal and DMV background check will be conducted)

If accepted into the Victim Assistance Program, are you able to attend the required monthly training meetings on the third Thursday of every month from 6:30 PM – 8:30 PM? Yes / No

Do you have health restrictions that would prevent you from walking 1-2 blocks at a time?
Yes/No

Do you have your own private transportation (not public transit)? Yes / No

Do you speak and/or write a language other than English? If yes, what language and level of proficiency?

References: Please list 2 people who know you professionally or personally (no relatives please).

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Please list prior 5 year work experience (*paid or volunteer*) beginning with most recent. If retired, please list most recent 5 years experience prior to retirement:

EMPLOYER /VOLUNTEER (circle one)	FROM (month/year)
ADDRESS	TO: (month/year)
YOUR JOB TITLE	
DUTIES AND RESPONSIBILITIES (Be specific):	
REASON FOR LEAVING	
SUPERVISOR'S NAME AND TELEPHONE NUMBER	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, why? _____

EMPLOYER /VOLUNTEER (circle one)	FROM (month/year)
ADDRESS	TO: (month/year)
YOUR JOB TITLE	
DUTIES AND RESPONSIBILITIES (Be specific):	
REASON FOR LEAVING	
SUPERVISOR'S NAME AND TELEPHONE NUMBER	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, Why? _____

EMPLOYER /VOLUNTEER (circle one)	FROM (month/year)
ADDRESS	TO: (month/year)
YOUR JOB TITLE	
DUTIES AND RESPONSIBILITIES (Be specific):	
REASON FOR LEAVING	
SUPERVISOR'S NAME AND TELEPHONE NUMBER	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, Why? _____

Do you have any other training or education you would like us to know about?

Emergency Contact:

Name: _____ Relationship: _____

Phone Numbers: _____

All information on this application is true to the best of my knowledge. I understand that falsification or misrepresentation may result in disqualification from consideration or termination as a volunteer with the Clackamas County District Attorney's Office - Victim Assistance Program (DA - VAP). I understand that I can be terminated at the discretion of the VAP Director, Elected District Attorney or Clackamas County at any time.

I understand that if I use my personal automobile to and from volunteer assignments that I will agree to keep in effect automobile liability insurance equal to or greater than the minimum required by the State of Oregon.

I release, indemnify and hold harmless Clackamas County, its officers, agents and employees from any and all claims, actions and demands that may arise from my actions as a volunteer.

Most information gained about individual victims during my assignment as a volunteer will be confidential by Oregon and Federal law and disclosure outside of the DA - VAP – Prosecution network may subject you to criminal prosecution or personal civil liability. Giving information to an unauthorized person may result in the DA - VAP refusal to defend you in the event of legal action. Violation of Oregon Revised Statutes, upon conviction of a breach of confidentiality, could result in punishment by fine, local jail time and termination from the Program.

My signature below certifies that I have read and understand the above information and that I agree to abide by all terms stated.

Signature: _____

Date: _____



CONFIDENTIALITY STATEMENT FOR VOLUNTEERS

Confidentiality is the preservation of privileged information concerning a client, which is disclosed in a professional working relationship. Part of what volunteers learn is necessary to provide services to a client; other information is shared within the development of a helping, trusting relationship. Therefore, most information gained about individual clients throughout an assignment is confidential in terms of the law. An unauthorized disclosure by you of privileged information could make you legally liable to the client and the County. Disclosure could also damage your relationship with a client and make it difficult to help the person.

All records and information dealing with specific clients must be treated as confidential. General information, policy statements or statistical material not identified with any client is not classified as confidential. If you have any question about the confidentiality of client information you must ask your supervisor about your authority to disclose that information.

Before you begin your assignment as a volunteer, you should be aware of the laws and penalties of breaching confidentiality. Violation of federal or state laws protecting confidentiality of records and other privileged information may subject you to both civil liability and criminal penalties. Although Clackamas County may be liable for your acts within the scope of your duty as a volunteer, your unauthorized disclosure of privileged information could result in the County's refusal to defend you in the event of legal action and may be reason for dismissal in your position.

My signature below certifies that I have read the above information. I understand my duty as an agent of the county to abide by federal and state laws and County policies regarding the preservation of confidential information.

Volunteer's Signature

Date

Program Director's Signature



John D. Wentworth, Clackamas County District Attorney

Victim Assistance Program

707 Main Street, Suite 201, Oregon City, Oregon 97045
P: 503.655.8616 | F: 503.650.3598 | victimsassistance@clackamas.us

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

I authorize any third parties, including former employers, schools, law enforcement authorities, and any persons named by me as references, to give to the Clackamas County District Attorney's Office any information they may have regarding me and my background, whether or not such information is contained in written records. I hereby release these third parties from all liability for any damage whatsoever for providing information to the Clackamas County District Attorney's Office in connection with my application. I also release the Clackamas County District Attorney's Office, its agents, employees, and representatives from any liability in connection with their collection and use of information obtained from third parties during the application process.

I understand that if an employment offer is extended, I will be required to undergo a drug screen test and a national fingerprint-based criminal history record check at the expense of the Clackamas County District Attorney's Office. I understand that the existence of a criminal record in and of itself would not disqualify me for employment, contract work, or being a volunteer; however, it may affect what locations I will be allowed access. I also understand if there is any question regarding the results of the fingerprint background check, I may contact the Oregon State Police Identification Services Section directly for information regarding the results of the check. I further understand that if I do not successfully complete the drug screen test the Clackamas County District Attorney's Office may refuse to hire me, and I agree to hold the Clackamas County District Attorney's Office harmless for such refusal. Finally, I understand that employment is conditional on my ability to verify my identity and eligibility for employment as required by the Immigration Reform and Control Act of 1986.

I also agree and understand that no verbal statements made during the application process shall be deemed to constitute an employment contract between me and the Clackamas County District Attorney's Office.

(Signature)

(Date signed)

(Printed name)



John D. Wentworth, Clackamas County District Attorney

Victim Assistance Program

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EMPLOYEE NOTICE AND ACKNOWLEDGEMENT OF EMPLOYER TESTING REQUIREMENTS FOR PRE-EMPLOYMENT SCREENING AND NON-REPRESENTED EMPLOYEES

PART I: NOTICE

This is to inform you that the District Attorney's Office conducts testing to identify job applicants and current non-represented employees who may be abusing drugs and/or alcohol. This will also include testing for Marijuana and medical Marijuana.

A copy of our Substance Abuse Policy, which applies to all employees, is attached to this notice.

Pre-employment:

You have the right to refuse to undergo testing. However, the consequences of refusal to undergo testing or a refusal to cooperate in the testing by a non-represented employee will result in disciplinary action up to and including discharge. A non-represented employee who fails a test will be subject to disciplinary action up to and including discharge.

Participation in the District Attorney's drug and/or alcohol testing program is a condition of continued employment.

PART II: ACKNOWLEDGEMENT

I acknowledge receipt of the Clackamas County District Attorney's Substance Abuse Policy and/or Drug and Alcohol Testing Policy. I also understand the above written notice and agree to abide by their terms as applicable.

(Signature)

(Date signed)

(Printed name)

(Signature of witness)

Substance Abuse Policy

It is essential that all employees of the District Attorney's Office provide the citizens of Clackamas County with the highest quality service. Employees are expected to conduct themselves in a manner that does not reflect poorly upon this office or the county. With that in mind, this office maintains a strong and clear policy towards substance abuse: The District Attorney's Office is alcohol and Drug-free.

The intent of this substance abuse policy is to assure Clackamas County Citizens that they can depend on the District Attorney's Office to provide quality service, and assure the staff of this office that they can work in an alcohol and drug-free environment.

We recognize the value of each of our employees and their health and safety are of significant importance to this office. However, we also expect that all staff whether on or off duty will follow reasonable rules of good conduct. Conduct that brings discredit upon the Clackamas County District Attorney's Office is prohibited and could result in disciplinary action.

Drug Screening As of 10/18/05, pre-employment drug screening is mandatory for all District Attorney Employees.

Employee Assistance Program Staff members are encouraged to deal with any substance abuse problem through the Clackamas County Employee Assistance Program (EAP). The Oregon State Bar can also provide attorneys with help and referral for substance abuse problems. Additional information on the Attorneys Assistance Program of the Professional Liability Fund can be obtained by calling the Bar.

The District Attorney's Office believes that problems associated with substance abuse (or any prohibited conduct) are best solved through referral to EAP. At the same time, the charter of this office demands that criminal acts be investigated and prosecuted.

Substance Abuse Prohibited Conduct As part of the our substance abuse policy, the following conduct is prohibited:

- being under the influence of alcohol or a controlled substance while performing duties for the District Attorney's Office ;

Initial: _____

¹ "Under the influence" is defined as being impaired as recognized by any reasonable individual.

Substance Abuse Policy

15.0

- use of alcoholic beverages on or off office premises during normal working hours, which includes lunch and breaks;
- reporting for work or working with a noticeable odor of alcoholic beverage on their breath;
- keeping alcoholic beverages in the office for personal use, or possessing alcohol while on duty; and
- unlawful possession, use, manufacture, and/or distribution of controlled substances, which includes prescription drugs.

Substance Abuse Disciplinary Action

When there is reasonable cause to believe that a Deputy District Attorney or non-represented staff member has violated the substance abuse policy, the District Attorney may require that employee to take a blood, urine, or breathalyzer test. If there is a positive finding from such a test, a second confirmation test will be made. Test results are confidential.

Penalties for violating the substance abuse policy include, but are not limited to:

- verbal or written reprimands;
- requiring participation in a treatment program as a condition of continued employment;
- suspending or terminating an employee;
- initiating a criminal investigation; or
- prosecution.

(See County Code 2.05.190, Disciplinary Actions.)

Posted: 6/19/2012
Effective: 7/02/2012