

Maricopa County Attorney's Office Victim Services Division

Volunteer/Intern Job Description

- Job Title:** Victim Advocate Assistant-All locations
- Description:** Assist advocates in providing assistance and services to victims of various crimes.
- Qualifications:**
- Minimum age - 20 years
 - Pass background check
 - Valid Arizona driver's license and personal transportation to and from placement
 - Ability to work effectively with victims in a mature, non-judgmental, and sensitive manner
 - Ability to communicate well, both verbally and in writing
 - Ability to relate well with the public and criminal justice personnel
 - Follow verbal and written instructions
 - Ability to make good, sound decisions
 - Ability to work independently
- Responsibilities:**
- Contact victim/witnesses of various crimes to:
 - Provide case and criminal justice system information throughout the course of prosecution
 - Check welfare of victims and make any necessary social service referrals
 - Provide emotional support and empathetic/active listening
 - Escort victims to court appearances as requested
 - Assist in arranging transportation for victims to court or interview upon request by the victim or the attorney
 - Schedule interviews upon the request of the attorney or advocate
 - Utilize available computer systems to research case status
 - Document all contact accurately in Victim Notification System
- Training:**
- Successfully complete Victim Services Essentials Training
 - On the job training
 - Ongoing in-service training
- Commitment:**
- Minimum of 6 months (volunteers) or one semester (intern)
 - Minimum of 4 to 6 hours per week (10 hours intern)
- 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, **have it notarized**, and return it to the Victim Services Division at the address listed below. Please be aware that processing the application may take several weeks. All incomplete applications will be returned to applicant without processing.
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. Two or more character references and/or employers listed in the application will be contacted either by phone or by mail.
4. Upon completion of the interview and reference checks, the application will be forwarded to the Administration Division of the Maricopa County Attorney's Office for a background investigation.
5. 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.
6. Applicants will be notified of acceptance or denial of placement with the Victim Services Division.
7. Once an applicant has been selected for placement they must successfully complete the Victim Services Division training program.
8. 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

(Fill out application completely or it may not be accepted. Two part application pages 1-5 & 1-8)

Last First Middle Hm #

Home Address _____ Cell () _____ Wk # () _____

City _____ State _____ Zip _____ Date of Birth _____

Email Address _____

Are you 20 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)

What course (s) or training have you had that would assist you in volunteering/interning with Victim Services?

Describe work and/or volunteer experience that would assist you in volunteering/interning with Victim Services?

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

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

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? (i.e. armed robbery, child molest)

Work availability: (minimum commitment is 6 months for volunteers or a semester(s) for student interns)

Begin Date: _____

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

Specific hours: _____

CHARACTER REFERENCES:

(List three references unrelated to the applicant. Must be completely filled out and must be legible)

Name _____ Day phone # _____

Address _____ City _____ State _____ zip _____

How do you know this person _____

Name _____ Day phone # _____

Address _____ City _____ State _____ zip _____

How do you know this person _____

Name _____ Day phone # _____

Address _____ City _____ State _____ zip _____

How do you know this person _____

EMPLOYMENT HISTORY: (List most recent job first and include volunteer jobs)

I give permission to contact all prior employers.

1. Business name _____ Phone # _____

Business address _____ City _____ State _____ Zip _____

Job title _____ Type of business _____

Employed from _____ to _____ Supervisor's name _____

Description of duties _____

2. Business name _____ Phone # _____

Business address _____ City _____ State _____ Zip _____

Job title _____ Type of business _____

Employed from _____ to _____ Supervisor's name _____

Description of duties

3. Business name _____ Phone # _____

Business address _____ City _____ State _____ Zip _____

Job title _____ Type of business _____

Employed from _____ to _____ Supervisor's name _____

Description of duties _____

4. Business name _____ Phone # _____

Business address _____ City _____ State _____ Zip _____

Job title _____ Type of business _____

Employed from _____ to _____ Supervisor's name _____

Description of duties _____

5. Business name _____ Phone # _____

Business address _____ City _____ State _____ Zip _____

Job title _____ Type of business _____

Employed from _____ to _____ Supervisor's name _____

Description of duties _____

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 record check with law enforcement? | YES | NO |
| 4. Do you agree to attend the volunteer/intern training class or the Evening Volunteer training according to your placement? | YES | NO |
| 5. Are you willing to make a volunteer/intern commitment to: | | |
| 1 or 2 semesters (intern) | YES | NO |
| 6 months (volunteer) | YES | NO |
| 6. Are you willing to make a specific hourly commitment for: | | |
| 8-16 hours per week (intern) | YES | NO |
| 4 hours per week (volunteer) | | |

As a volunteer/intern, I understand that the Victim Services Division requires a background check, interview, drug testing, photo for picture identification and fingerprinting. 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

MARICOPA COUNTY BACKGROUND INFORMATION

The following will be used to conduct a background check in preparation for fingerprinting as required for this position.

Name (full name) _____
First Middle Last

Phone _____

Address _____

Date of Birth _____

Place of Birth _____

Driver's License # _____ State _____

Social Security # * _____

Bar ID # _____
(For Attorney positions only)

Currently Arizona POST Certified? Yes 9 No 9
(For Investigator positions only)

Signature _____ Date _____

In Case of Emergency: _____
Name

_____ Address

_____ Phone

- Pursuant to ARS § 11-532, providing your Social Security number is mandatory. It will be used for background checking purposes.

MARICOPA COUNTY ATTORNEY'S OFFICE
SUPPLEMENTAL APPLICATION FOR EMPLOYMENT

SECTION I

1. How did you learn about this position?

2. Are you acquainted with, or related to, any employee or former employee of the County Attorney's Office?

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

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

5. Are you willing to work overtime or shift work including weekends or holidays if required?

6. List number and issuing date for all current driver's licenses.

7. Have you ever had your driver's license suspended or revoked? If yes, explain.

8. Other than minor traffic offenses or parking violations, have you ever been convicted of any crime including, but not limited to, offenses involving illegal drugs or driving under the influence? If yes, please explain and give dates and jurisdictions as appropriate.

9. Have you ever used any other name for any purpose (including maiden name)? If yes, explain (including where, when, etc.).

10. Have you ever been censured or disbarred or had any professional license or certificate suspended or revoked? If yes, explain.

11. List your current address and all previous addresses where you have lived during the past five years.

12. List your complete military history including branch of service, dates served, and service number.

13. Are you willing to sign a release for military, education, and prior employment history records?

14. Have you ever used, sold or distributed illegal drugs? Yes 9 No 9

If yes, please indicate:

Number of times _____

Date last used, sold or distributed _____ Your age at the time _____

Names of illegal drugs: _____

15 Have you ever sold or distributed prescription drugs? Yes 9 No 9

If yes, please indicate:

Number of times _____

Date last sold or distributed _____ Your age at the time _____

Names of prescription drugs: _____

16. If the necessity arose in the course of your duties as an employee of the Maricopa County Attorney's Office for you to participate in the prosecution of an individual who had engaged in the illegal use, sale or distribution of drugs, would you have any reluctance to do so?

Yes 9 No 9

If yes, explain

17. Do you have a history of past illegal drug use that might, to the best of your knowledge, undermine your credibility as you participate in the prosecution of cases involving the illegal use of drugs?

Yes 9 No 9

If yes, explain:

18. Have you ever been disciplined by an employer?

Yes 9 No 9

If yes, state:

A) The name, address and telephone number of the employer:

- B) The year in which the incident that was the basis of the discipline occurred:
 - C) The type of discipline you received:
 - D) The reason the employer disciplined you:
 - E) Any other information you consider relevant to the disciplinary action:
19. List any references you wish to include, in addition to, those provided on the initial application form.

SECTION II

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

- 2. What are the personal goals you would like to achieve by working for the Maricopa County Attorney's Office?

- 3. What significant responsibilities have you fulfilled in your previous employment?

- 4. What significant responsibilities have you fulfilled in speaking before groups?

- 5. What are your strengths and weaknesses in the work environment?

- 6. Please describe your style of communication, preferred job task performance style, (for example, 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.

WAIVER OF LIABILITY AND RELEASE

In consideration of the Maricopa County Attorney’s Office (MCAO) processing of my application for employment, I, _____ hereby irrevocably agree to the following terms and conditions:

1. The term “background investigation” as used in this document, refers to any and all information and sources of information that MCAO, in its sole discretion, may deem necessary to obtain or contact, to determine my fitness as a candidate for employment with the Maricopa County Attorney’s Office.

2. I authorize any person or entity contacted by MCAO agents or employees during the course of my background investigation, to furnish to such officers, agents, or employees any information they may have which is reasonably related to my potential employment with the Maricopa County Attorney’s Office including, but not limited to records maintained by the United States Armed Forces, any university, college or other educational institution and any current or previous employer.

3. I hereby release from liability and promise to hold harmless under any and all causes of legal action, all person or entities who shall in good faith furnish any information or records to the officers, agents or employees of MCAO who conduct my background investigation and agree to release the Maricopa County Attorney’s Office, its officer, agents and employees from all liability for acts necessary to conduct and finalize the investigation.

This release from liability given by me to all persons or entities mentioned above, shall apply to any right of action of any nature whatsoever that might accrue to myself, my heirs or my personal representative.

READ CAREFULLY BEFORE SIGNING

DATE: _____ SIGNATURE:

WITNESS:

ACKNOWLEDGED before me this ____ day of _____,

NOTARY PUBLIC:

My Commission Expires:

AUTHORIZATION TO OBTAIN CONFIDENTIAL RECORDS

I, _____, in connection with my application for employment with the Maricopa County Attorney's Office, authorize the Maricopa County Attorney's Office to examine or receive copies of any records maintained by the United States Armed Forces; any university, college or any other education institution; or any employment records relating to me, in the manner and to the same extent as if I personally applied for the same, and I hereby authorize such records to be disclosed or furnished upon request made on behalf of the Maricopa County Attorney's Office.

DATE: _____ SIGNATURE:

ACKNOWLEDGED before me this ___ day of _____,

NOTARY PUBLIC:

My Commission Expires: