

**Temple Police Department
Crime Victim Services Office
CRISIS ASSISTANCE PROGRAM**

Thank you for your interest in our Crisis Assistance Program.

MISSION STATEMENT

The Temple Police Department Crisis Assistance Program is committed through crisis intervention, counseling, advocacy, education, information and referral to minimize the psychological and emotional trauma incurred as a result of a violent crime. Addressing these needs will in turn facilitate the victims' and witnesses' willingness and ability to cooperate with the criminal justice system in the investigation and prosecution of these crimes.

Minimum Requirements

- a) At least 21 years of age
- b) No Felony Convictions (Misdemeanor or Deferred Adjudications cases will be reviewed on individual basis)
- c) Preferably a resident of Temple
- d) Must have reliable transportation and current auto insurance
- e) A phone to be contacted day and night
- f) Must be able to access email, CAP website and navigate and sign up schedule on google calendar
- g) Submit to a background investigation, interview and fingerprints
- h) Complete training and commit to a minimum of six-months of service
- i) Must meet the minimum shift requirements per month (12 hours a month)
- j) Attend bi-monthly meetings the last Monday of each month from 6-8pm
- k) Must be able to stand for extended periods of time
- i) Must be able to walk on different terrains, i.e. gravel, grass, woods, hills, climb stairs
- j) Must be able to communicate effectively including the use of a computer and texting

Please return completed application and background waivers to:

Temple Police Department
Attn: Jo-Ell Guzman Crime Victims Coordinator/Liaison
209 E Avenue A
Temple, TX 76501
jguzman@templetx.gov
254-298-5678

**CRISIS ASSISTANCE PROGRAM
VOLUNTEER APPLICATION**

Name _____ Preferred Name _____
(As it appears on your driver's license)

Other Names You Have Been Known By _____

Driver's License Number _____ State _____

Date of Birth ____/____/____ Social Security Number ____/____/____

Address _____

City / County / State / Zip Code _____

How long at this address? _____

How long in Bell County? _____

Mailing address, if different from above _____

Phone Numbers: Home _____ Work _____ Cell _____

Pager _____ Email Address _____

Previous Address _____

Are you over the age of 21? _____

Name (s) of Relative (s) employed by the Temple Police Department, if any _____

Do you have any friends or family in law enforcement? _____

Have you ever been arrested and /or convicted of a criminal act? **(Traffic offenses, juvenile offenses excluded)** _____

If yes, date/location/charges/explanation _____

Have you ever been a victim of crime? _____ if yes, date / type of crime _____

Do you have your own transportation? _____

Do you have insurance on your vehicle? ____ Liability? ____ Comprehensive? ____ Carrier Name _____

Please list your educational, employment and volunteer experience for the past 10 years in the spaces below, starting with the last one first. Attach additional sheets if needed

School	Dates Attended	Major	Graduated?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employer	Dates	Reason for leaving	Name/Phone# of Contact
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Volunteer Organization	Dates	Reason for leaving	Name/Phone# of Contact
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional Questions:

Are you willing to commit to at least six months to the Crisis Assistance Program? _____

Are you a student needing intern hours? _____ Field of Study? _____, Name of College or University, _____, Instructor/Course/Contact # _____
 How many intern hours needed _____?

Are you able to volunteer on-call* a minimum of 12 hours each month? _____ If not how many hours? _____

Are you able to volunteer on-call* for a night shift one time a month? _____ (6pm – 12am / 12am - 6am)

Are you able to volunteer on-call* for a holiday shift? _____ (6am – 12am / 12pm – 6pm / 6pm - 12am / 12am-6am)

Are you interested in being in the office providing follow-up services and assistance during normal business hours? _____, afterhours during the week? _____, or weekends? _____

Are you able to volunteer on-call* to provide death notifications? _____

Are you interested in providing community education services to groups? _____

***On-call** requires being ready and available during your shift to answer questions by phone, able to respond, upon request within 30-45 minutes to provide direct support, resources, crisis counseling and assistance to law enforcement, victims/witnesses and/or family members.

Please list four references who have known you for at least three years. Please do not list relatives or significant others:

Name:	Relationship (friend/neighbor/supervisor, etc)	Phone number/email:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list someone to notify in case of an emergency:

_____	_____	
Name	Address	
_____	_____	
Relationship		
_____	_____	_____
Home Phone	Cell Phone	Work Phone

Fingerprint Information

Name on Driver's License: _____

Complete Address on Driver's License: _____

Maiden/Alias Used in the Past: _____

City of Birth: _____ State of Birth: _____ Country of Birth: _____

Height: _____ Weight: _____ Hair Color _____ Eye Color _____ Gender _____ Race _____

APPLICANT'S STATEMENT (Please read carefully and sign below.)

I hereby certify that the information provided is correct to the best of my knowledge. I understand that any false statements or information from me may void this application and prohibit me from volunteering for this program.

Signature of Applicant

Date

PERSONAL INQUIRY WAIVER

I authorize the City of Temple Police Department-**Victims Assistance Program** to obtain any and all information that you may have concerning me, my work records, school record and my reputation. This information is to be used to assist the office in determining my qualifications and fitness for the volunteer position with the **Crisis Assistance Program**.

I hereby release the City of Temple and the Temple Police Department or others from liability or damage which may result from the obtained information requested above.

Applicant's Printed Name

Date of Birth

Applicant's Signature

Date

REQUEST FOR RECORDS

We are requesting a copy of your records on the person named below:

Name: _____ Maiden Name: _____

Previous Married Name: _____ DOB: _____

Place of Birth: _____ Age: _____ Race: _____

Sex: _____ Social Security Number: _____ - _____ - _____

Texas Driver's License Number: _____

Please check TCIC/NCIC and conviction records including driving records. This person has authorized release of such records below. The information is required for consideration as an applicant to the **TEMPLE POLICE DEPARTMENT CRISIS ASSISTANCE PROGRAM.**

Please indicate that the records were checked and results noted below.

Authorization:

I authorize sheriff and police departments and law enforcement agencies to check NCIC, TCIC conviction records including driving records and to release such records to the **BELL COUNTY VICTIMS ASSISTNACE PROGRAM.**

Signature of Applicant

Date

FOR OFFICE USE ONLY – APPLICANT DO NOT WRITE BELOW THIS LINE

Results of records check: _____

Records checked: _____

Signature: _____

Results: _____

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

APPLICANT or EMPLOYEE NAME (Please print)

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please:	
Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____	NO _____ initial
Purpose of CCH: _____	
Hire _____	Not Hired _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	