



**Montgomery County Trauma Services**  
Department of Health and Human Services  
1301 Piccard Drive, Rockville, Maryland 20850  
Phone: 240-777-1355 Fax: 240-777-1329

## **TRAUMA SERVICES VOLUNTEER PROGRAM**

### **MISSION**

To ensure that all survivors of crime in Montgomery County are provided with the support in the immediate aftermath of the crime and be made whole by assisting in healing and advocating for justice.

### **PROGRAM GOALS**

- Provide volunteer and professional services to all survivors of crime including domestic violence, sexual assault, rape, human trafficking, homicide, physical assault, etc. in Montgomery County.
- Encourage uniform standards of sensitive treatment to survivors within the medical community and criminal justice system.
- Raise community awareness of the threat crime victimization poses to the community.

### **PURPOSE**

The purpose of the Trauma Services Court and Outreach Volunteer program is to provide a wide variety of support services for the survivors of domestic violence, sexual assault, and rape; to serve as an information resource and make referrals to community social service agencies, where appropriate; and provide support, information and accompaniment to survivors seeking to file peace or protective orders, filing charges and attend hearings. Under general supervision, a volunteer will provide direct services and assistance to survivors of crimes within Montgomery County.

### **SUPERVISION**

General direction is provided by licensed professionals at Trauma Services. Outreach Volunteers are required to debrief with assigned supervisors within 24 hours of the outreach. Additional individual supervision is also available on an as needed basis.

### **CRITERIA FOR SELECTION**

- Maturity and stability to work effectively under stressful conditions.
- Personal warmth, empathy, and acceptance.
- Good judgment and ability to maintain professional boundaries.
- Capacity to master crisis intervention skills.
- Assertiveness and initiative to work both independently and as part of a team.

### **HOW TO APPLY**

Complete application and send via email to: [TraServ@montgomerycountymd.gov](mailto:TraServ@montgomerycountymd.gov)



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## VOLUNTEER SERVICE APPLICATION

<b>Date:</b>		<b>Volunteer Service:</b> <input type="checkbox"/> Hospital Outreach Volunteer <input type="checkbox"/> Court Advocate Volunteer <input type="checkbox"/> In-Office Volunteer			<b>Referral Source:</b> <input type="checkbox"/> Online <input type="checkbox"/> Other: _____	
<b>Name</b> (Last, First, Middle, Suffix):				<b>Date of Birth:</b>		
<b>Mailing Address</b> (Street, Apt/Unit, City, State and Zip Code):						
<b>Home Phone Number:</b>		<b>Cell Phone Number:</b>		<b>Work Phone Number:</b>		
<b>Email Address:</b>						
<b>Identified Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Gender Neutral				<b>Preferred Pronoun(s):</b>		
<b>Maryland Driver's License Number</b> (Number, Class, and Restrictions):				<b>Vehicle Tag Number:</b>		
<b>Emergency Contact Name:</b>		<b>Phone Number:</b>		<b>Relationship:</b>		
<b>Language Proficiency</b> (Language and Level of Proficiency):						
<b>Background Check:</b>  I understand that a background check is required to volunteer at the Montgomery County Trauma Services Program.  Signature: _____						
<b>Education:</b> <input type="checkbox"/> GED <input type="checkbox"/> High School Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Post Graduate Degree <input type="checkbox"/> Other: _____						
<b>University/College (Undergraduate, Graduate, Postgraduate)</b>						
<b>Name:</b>		<b>Location:</b>		<b>Attended From – To</b> (Month/Year):		
<b>Degree Awarded:</b>	<b>Date:</b>	<b>Major Field of Study:</b>	<b>Minor Field of Study:</b>	<b>Total Semester Hours:</b>		
<b>Name:</b>		<b>Location:</b>		<b>Attended From – To</b> (Month/Year):		
<b>Degree Awarded:</b>	<b>Date:</b>	<b>Major Field of Study:</b>	<b>Minor Field of Study:</b>	<b>Total Semester Hours:</b>		
<b>Business, Trade, Technical, Vocational School or Military Training</b>						
<b>Name:</b>		<b>Location:</b>		<b>Attended From – To</b> (Month/Year):		
<b>Title of Program or Subjects Taken:</b>		<b>Total Classroom Hours:</b>	<b>Certificate Received:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Date:</b>	
<b>Name:</b>		<b>Location:</b>		<b>Attended From – To</b> (Month/Year):		
<b>Title of Program or Subjects Taken:</b>		<b>Total Classroom Hours:</b>	<b>Certificate Received:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Date:</b>	

### Employment and Volunteer Experience

List your current employment, including part-time, temporary, and volunteer jobs. If more than one job is held within a given organization, list each job held as a separate period of employment. Under "Duties," clearly describe the tasks you perform.

<b>Employer:</b>	<b>Your Job Title:</b>	<b>Dates of Employment From – To (Month/Year):</b>
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**Address** (Street, Floor/Suite, City, State and Zip Code):

<b>Supervisor Name:</b>	<b>Title:</b>	<b>Phone Number:</b>
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**Duties:**

<b>Employer:</b>	<b>Your Job Title:</b>	<b>Dates of Employment From – To (Month/Year):</b>
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**Mailing Address** (Street, Floor/Suite, City, State and Zip Code):

<b>Supervisor Name:</b>	<b>Title:</b>	<b>Phone Number:</b>
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**Duties:**

<b>Employer:</b>	<b>Your Job Title:</b>	<b>Dates of Employment From – To (Month/Year):</b>
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**Mailing Address** (Street, Floor/Suite, City, State and Zip Code):

<b>Supervisor Name:</b>	<b>Title:</b>	<b>Phone Number:</b>
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**Duties:**

### References

Please list three (3) persons to whom you are not related to who have knowledge of your professional qualifications.

<b>Name:</b>	<b>Business/Occupation:</b>	<b>Relationship:</b>
<b>Address</b> (Street, Floor/Suite, City, State and Zip Code):		<b>Phone Number:</b>
<b>Name:</b>	<b>Business/Occupation:</b>	<b>Relationship:</b>
<b>Address</b> (Street, Floor/Suite, City, State and Zip Code):		<b>Phone Number:</b>
<b>Name:</b>	<b>Business/Occupation:</b>	<b>Relationship:</b>
<b>Address</b> (Street, Floor/Suite, City, State and Zip Code):		<b>Phone Number:</b>

### Days Available

**Day(s) able to volunteer** (Court Volunteer – Monday through Friday only):

☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

### Shifts Available

**Court Volunteer:**

☐ 8:30 am – 12:30 pm ☐ 12:30 pm – 4:30 pm ☐ Other: \_\_\_\_\_

**Outreach Volunteer:**

☐ 12:00 am – 6:00 am ☐ 6:00 am – 12:00 pm ☐ 12:00 pm – 6:00 pm ☐ 6:00 pm – 12:00 am ☐ Other: \_\_\_\_\_

**In-Office Volunteer:**

☐ 8:30 am – 4:30 pm ☐ 8:30 am – 12:30 pm ☐ 12:30 pm – 4:30 pm ☐ Other: \_\_\_\_\_

**CERTIFICATION:** I certify that all statements and information provided on this application are true, complete, and correct to the best of my knowledge and are made in good faith. I understand that omissions, misleading, false, or untrue information, or any attempt at fraud or deceit in any manner connected with this application and subsequent testing may result in my NOT being considered to volunteer with Montgomery County Trauma Services.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Trauma Services Office Use Only

<b>Application Received:</b>	<b>Application Reviewed:</b>	<b>Application Reviewed By:</b>
<b>Application Status:</b>		
<input type="checkbox"/> Interviewed <input type="checkbox"/> Accepted <input type="checkbox"/> Conditional Accept <input type="checkbox"/> Background Checked <input type="checkbox"/> Rejected		
<b>Reason for reject/conditional accept:</b>		
<b>Approved Assignment:</b>		
Volunteer Service: <input type="checkbox"/> Outreach Volunteer <input type="checkbox"/> Court Volunteer <input type="checkbox"/> In-Office Volunteer		
Days: _____		
Shifts: _____		