

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: <u>TraServ@montgomerycountymd.gov</u>

VOLUNTEER OPPORTUNITIES & ELIGIBILITY

Hospital Outreach Volunteers

Hospital Outreach Volunteers provide immediate 24-hour outreach, crisis counseling, information, advocacy, and companion services to survivors of rape, sexual assault, domestic violence, and their families at Montgomery County hospitals and police stations. The outreach volunteer may be present during the police interview and the medical examination at the survivor's request.

Eligibility to become a Hospital Outreach Volunteer includes:

- Must be 21 years of age or older and possess a valid driver's license;
- Must be a Montgomery County Resident;
- Must commit to one (1) year service;
- Must commit to being on-call one 12-hour shift per week or two 6-hour shifts per week;
- Must have reliable transportation;
- Must be available by phone and able to respond to locations within 30 minutes;
- Must successfully complete the Volunteer Training;
- Must complete and pass a criminal background check.

Court Advocate Volunteers

Court Advocate Volunteers provide information, advocacy, accompaniment, and support through the criminal justice process to survivor' of rape, sexual assault, domestic violence and general crimes at the Rockville or Silver Spring District Court and Rockville Circuit Court. The court volunteer may assist with educating survivors of their rights in the criminal justice system, providing information on Victim Notification (VINE), assisting with victim impact statements, completing necessary paperwork for Peace and Protective Orders, providing accompaniment and support during criminal justice proceedings, serving as a liaison with Police, State's Attorney's Office, and other county agencies, and referral to other resources for specific support.

Eligibility to become a Court Advocate Volunteer includes:

- Must be 21 years of age or older and possess a valid driver's license;
- Must be a Montgomery County Resident;
- Must commit to one (1) year service;
- Must commit to a minimum of 16 hours per week; either two 8-hour shifts or four 4-hour shifts in the morning or afternoon at the Rockville or Silver Spring District Court or Rockville Circuit Court per week;
- Must have reliable transportation;
- Must have knowledge of criminal justice system;
- Must successfully complete the Volunteer Training;
- Must complete and pass a criminal background check.

In-Office Volunteers

In-Office Volunteers will provide assistance to Trauma Services in a number of capacities including assisting with intakes, projects, and office support. In-Office volunteers will be offered the opportunity to assist in criminal justice court advocacy, hospital outreach, in-house crisis response, systems work, community outreach and presentations, and in-office support.

Eligibility to become an In-Office Volunteer includes:

- Must be 21 years of age or older and possess a valid driver's license;
- Must be a Montgomery County Resident;
- Must commit to one (1) year service;
- Must commit to a minimum of 16-hours per week; either two 8-hour shifts or four 4-hour shifts in the morning or afternoon;
- Must have reliable transportation;
- Must have knowledge of criminal justice system;
- Must successfully complete the Volunteer Training;
- Must complete and pass a criminal background check.



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VOLUNTEER SERVICE APPLICATION

Date:	Volunteer Service: Referral Source:							
	☐ Hospital Outreach V	olunteer	☐ Court Advocate Voluntee	er 🔲 Or	nline 🗆 Othe	er:		
	☐ In-Office Volunteer							
Name (Last, First, Middle,	Suffix):		Date of Birth:					
Mailing Address (Street, Apt/Unit, City, State and Zip Code):								
Home Phone Number: Cell Phone			e Number:		Work Ph	Work Phone Number:		
Email Address:								
Identified Gender: □ Male □ Female □ Transgender □ Gender Neutral □ Preferred Pronoun(s):								
Maryland Driver's License Number (Number, Class, and Restriction			ons):	Vehicle Tag N	/ehicle Tag Number:			
Emergency Contact N	Emergency Contact Name:			Re	lationship:			
Language Proficienc	y (Language and Level of Profici	ency):		_				
Background Check:								
I understand that a background check is required to volunteer at the Montgomery County Trauma Services Program.								
Signature:								
Education: ☐ GED ☐ High School Degree ☐ Graduate Degree ☐ Graduate Degree ☐ Post Graduate Degree ☐ Other:								
University/College (Undergraduate, Graduate, Postgraduate)								
Name:		Location:		· · · · · ·	Attended From – To (Month/Year):			
Degree Awarded:	Date:	N	lajor Field of Study:	Minor Field o	f Study:	Total Semester Hours:		
Name:	I	Location:		Attended From – To (Month/Year)		d From – To (Month/Year):		
Degree Awarded:	Date:	N	Najor Field of Study:	Minor Field o	f Study:	Total Semester Hours:		
Business, Trade, Technical, Vocational School or Military Training								
Name: Location:					Attended	Attended From – To (Month/Year):		
Title of Program or Subjects Taken: Total		tal Classroom Hours:	Certificate Re ☐ Yes	eceived:	Date:			
Name:		Location:			Attended	d From – To (Month/Year):		

Title of Program or Subjects Taken:		Total Classroom Hours: Certifica		Received: ☐ No	Date:			
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.								
Employer: You		our Job Title:		Dates of Employment From – To (Month/Year):				
Address (Street, Floor/Suite, City, State and Zip Code):								
Supervisor Name:		Title:			Phone Number:			
Duties:		1						
Employer:	nployer: Your Jo		ob Title: Dates of		Employment From – To (Month/Year):			
Mailing Address (Street, Floor/Suite, City, State	and Zip C	Code):						
Supervisor Name:		Title:		Phone Number:				
Duties:								
Employer:	Your Jo	b Title:	Dates of	Employment	From – To (Month/Year):			
Mailing Address (Street, Floor/Suite, City, State and Zip Code):								
Supervisor Name:		Title:		Phone Num	nber:			
Duties:								

References Please list three (3) persons to whom you are not related to who have knowledge of your professional qualifications.							
Name:	Business/Occupation:	o who have knowledge or your	Relationship:				
Address (Street, Floor/Suite, City, Sta	ate and Zip Code):	Phone Number:					
Name:	Business/Occupation:		Relationship:				
Address (Street, Floor/Suite, City, Sta	ate and Zip Code):		Phone Number:				
Name:	Business/Occupation:		Relationship:				
Address (Street, Floor/Suite, City, Sta	ate and Zip Code):		Phone Number:				
	Days Ava	ilable					
Day(s) able to volunteer (Court Volunteer – Monday through Friday only): □ Sunday □ Monday □ Tuesday □ Wednesday □ Thursday □ Friday □ Saturday							
	Shifts Ava	nilable					
Court Volunteer: □ 8:30 am - 12:30 pm □ 12:30 pm - 4:30 pm □ Other:							
Outreach Volunteer: □ 12:00 am − 6:00 am − 12:00 pm □ 12:00 pm □ 6:00 pm − 12:00 am □ Other:							
In-Office Volunteer: □ 8:30 am - 4:30 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 Use Only							
Application Received: A	pplication Reviewed:	Application Reviewed	Ву:				
Application Status: ☐ Interviewed ☐ Accepted ☐ Conditional Accept ☐ Background Checked ☐ Rejected							
Reason for reject/conditional accept:							
Approved Assignment:							
Volunteer Service: ☐ Outreach Volunteer ☐ Court Volunteer ☐ In-Office Volunteer							
Days:							
Shifts:							