

## 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 support in the immediate aftermath of the crime and assist in healing and advocacy for justice.

#### Program Goals

- Provide volunteer and professional services to survivors of crime including domestic violence, sexual assault, human trafficking, homicide, and physical assault.
- Encourage uniform standards of sensitive treatment within the medical and criminal justice systems.
- Raise community awareness of the impact of crime victimization.

#### Purpose

The purpose of the Trauma Services Volunteer program is to provide a wide variety of support services for the survivors of domestic violence, sexual assault, and general crimes. The volunteer serves as an information resource and make referrals to community social service agencies, where appropriate; and provides support, information and accompaniment to survivors seeking to file peace or protective orders, filing charges and attending hearings.

#### Supervision

General supervision is provided by licensed professionals at Trauma Services.

#### 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 the application and send via email to: [traserv@montgomerycountymd.gov](mailto:traserv@montgomerycountymd.gov)

## Volunteer Service Application

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

Volunteer Service Type (check one): Hospital Outreach  Court Advocate  In-Office

Referral Source: Online  Other: \_\_\_\_\_

Full Name (Last, First, Middle, Suffix): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Identified Gender: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Vehicle Tag Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Language Proficiency: \_\_\_\_\_

### Education

Highest Degree Earned: GED  High School  Graduate  Post-Graduate  Other

Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Degree Awarded: \_\_\_\_\_

### Employment and Volunteer Experience

Employer Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Supervisor Name and Phone: \_\_\_\_\_

Duties: \_\_\_\_\_

### References (List Three)

Reference 1 Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Reference 2 Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Reference 3 Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

**Availability**

Days Available: Sunday  Monday  Tuesday  Wednesday  Thursday  Friday   
Saturday

Preferred Shift: Days  Evenings  Nights  Weekends

I certify that all statements and information provided are true and complete to the best of my knowledge.

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

**For Trauma Services Use Only**

Date application received: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Status: Interviewed  Accepted  Conditional  Background Checked  Rejected

Reason for denial: \_\_\_\_\_