



POLICE DEPARTMENT  
THE UNIVERSITY OF TEXAS AT AUSTIN

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The University of Texas at Austin  
Victims Advocate Network

## VICTIMS ADVOCATE NETWORK VOLUNTEER APPLICATION

### Personal Information:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Height: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Race: \_\_\_\_\_

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

Pronouns: \_\_\_\_\_

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

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

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

Work Telephone: \_\_\_\_\_

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

## **Additional Information**

### **Language**

Bilingual:    Yes    No

If so what Language(s) \_\_\_\_\_

### **Employment**

Retired:        Yes    No

Current Department: \_\_\_\_\_

Occupation Title: \_\_\_\_\_

### **Criminal History**

Ever Arrested:        Yes    No

Date of Arrest: \_\_\_\_\_

Charges: \_\_\_\_\_

### **Emergency Contact**

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

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

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