



POLICE DEPARTMENT
THE UNIVERSITY OF TEXAS AT AUSTIN

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VICTIM SERVICES VOLUNTEER APPLICATION

Personal Information

Last Name: _____

First Name: _____

Middle Name: _____

T-Shirt Size: _____

Date of birth: _____

Height: _____

Hair Color: _____

Eye Color: _____

Race: _____

Gender: _____

Preferred pronouns: _____

Address: _____

City: _____

Zip Code: _____

County: _____

Home Telephone: _____

Cell Phone: _____

Work Telephone: _____

Email Address: _____

Additional Information

Language

Bilingual Yes No

If so what Language _____

Employment

Retired: Yes No

Current Employer: _____

Occupation Title: _____

Student : Yes No

Criminal History

Ever Arrested Yes No

Date of Arrest: _____

Charges: _____

Emergency Contact

Name: _____

Phone: _____

Relationship: _____