



County of Sonoma
Volunteer Program



**Human Resources Department
Training Division**
575 Administration Dr., Suite 117C, Santa Rosa, CA 95403
(707) 565-2821 Fax: (707) 565-3079

JOB DESCRIPTION

| | | |
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| Office Use Only Dept. Code: 4230va(v) | Recruitment Requested: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Pre-Screening Requested: YES <input type="checkbox"/> NO <input type="checkbox"/> | Date: 7/1/87 Updated: 6/29/07 |
| Job Title: Victim Advocate Assistant | Number of Positions: 5 - 10 | |
| Department: District Attorney | Division: | |
| Program: Victim Assistance Center | Address of Position: 1000 Coddington Cntr, Ste 100, SR 95403 | |
| PURPOSE | | |
| Brief description of department or division/program: The Victim Assistance Center receives part of its funding from the Victim's of Crime Act (VOCA). VOCA funded projects must utilize volunteers to assist in the provision of direct services to identified special victim populations. The Victim Assistance Center is dedicated to upholding the rights of victims of crime and strives for the empowerment and recovery of victims emotionally, physically, and financially. The Victim Assistance Center staff delivers services to crime victims with dignity, compassion, and respect. | | |
| JOB DESCRIPTION | | |
| Specific tasks and responsibilities of the volunteer: Call all victims who were sent outreach letters to follow-up on the need for victim services and refer victims to an Advocate if service is requested. Assist program advocates with filling out Victim Compensation claim applications and requesting crime reports from various law enforcement agencies. Complete the Victim Compensation forms for CPS referrals. Assist with translations for non-English speaking victims. Assist with completing statistical data sheets to track services provided by the agency. Assist with data entry, filing & other duties. | | |
| QUALIFICATIONS | | |
| Required skills, abilities, education levels, or other qualifications necessary for the job: Must be willing to submit to fingerprinting and background check. Should have strong interpersonal communication skills, both verbal and written. Must be able to deal with emotional aspects of working with victims of crime. Spanish speaking volunteers are desired. | | |
| TIME COMMITMENT | | |
| Number of hours per week: 2 - 4 hours per week | | |
| Set required schedule: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, list hours/days per week: 2-4 hours / 1 day per week | | |
| Special Project <input type="checkbox"/> Ongoing Position <input checked="" type="checkbox"/> For projects, estimated # of hours and date of completion: | | |
| Minimum length of commitment needed from volunteer: Six months | | |

BENEFITS TO VOLUNTEER

Specific training and/or experience the volunteer will receive: The volunteer will learn about the services provided by Victim Witness Centers including crisis intervention, criminal justice advocacy and support, follow-up counseling, resource and referrals and assistance with filing for victim of crime compensation. They will also obtain education regarding the dynamics of the trauma of victimization. It is an interesting volunteer job for anyone interested in the criminal justice system or social work arenas.

ADDITIONAL JOB REQUIREMENTS

- Confidentiality:
- Background check:
- Dress codes:
- Valid CA driver's license and auto insurance. Photocopy for file:
- Physical Requirements:
- Other:

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| Will worker be driving a County car? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | How Often? |
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|---|------------|
| Will worker be required to use own vehicle? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | How Often? |
|---|------------|

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| Will worker operate any other machinery? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | If so, what? |
|---|--------------|

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| Supervisor's Name: Sally McCarthy | Phone: 565-8252 |
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| Supervisor's Title: Program Manager | Voice Mail: |
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| Supervisor's Title: Program Manager | Email: smccarth@sonoma-county.org |
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| Supervisor's Title: Program Manager | Fax: |
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FOR RISK MANAGEMENT USE ONLY

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| Has position been previously approved for WC? YES [] NO [] |
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| [] Reviewed and Approved | Comments: |
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| [] Denied | Reason: |
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| Risk Management Signature: Orig. signed 1/6/04 | Date of Signature: |
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