



BOARD MEMBERSHIP APPLICATION FORM

Application Received:

Thank you for your interest in becoming a Volunteer Board Member with Airdrie and District Victims Assistance Society. Forms can be delivered in person, by mail or fax.

Surname		First Name		Middle Name(s)		Date of Birth <i>yyyy / mm / dd</i>		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address					City/Town			Postal Code	
Home Phone Number			Work Phone Number			Cell Phone Number			
Email Address						<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Other (please specify) _____			
Emergency Contact Person Name				Phone Number			Relationship		
Educational History <i>School/College/University/Other (please specify)</i>				Specialization			Highest Level Completed		
Do you have skills/experience with Fundraising, Corporate Sponsorship, etc.?									
List other skills, knowledge or resources you feel may be useful in your work with this program.									
Are you currently volunteering with another organization? <input type="checkbox"/> Yes <input type="checkbox"/> No			Organization Name				Time Commitment Involved		
What do you hope to contribute to the ADVAS Board?									

Why do you want to become a Board Member for Victim Services?

A Vulnerable Sector check. Including Child Welfare and Sexual Offender screening is required. Do you know any reason why you would not have an acceptable screening? Please note: a social media check will be completed by the RCMP.

- Yes
 No

Have you ever been:

- | | | | | | |
|---|------------------------------|-----------------------------|----------------------------|------------------------------|-----------------------------|
| Convicted of a Criminal Offence? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Wanted on a Warrant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Charged with a Criminal Offence? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Served with a Court Order? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Placed in the Alternative Measures Program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |

References (Do not list relatives as references)

Name	Relationship	Phone Number	Alternate Phone Number

How did you find out about the Board Member position with Victim Services?

I certify that the statements provided by me are true and accurate to the best of my knowledge. I understand that submitting false information on this application will result in my application being denied or immediate dismissal from the position.

I, _____, give my permission to Airdrie RCMP to obtain all information necessary to qualify me as a Board Member for Victim Services.

_____ Date

_____ Signature

**Please submit your completed application to by mail (2 Highland Park Way NE, Airdrie T4A 0R1 by email (lori.rehill@rcmp-grc.gc.ca), by fax (403 945-7254) or in person to the Airdrie RCMP Detachment, 2 Highland Park Way NE, Airdrie.
Only those selected for an interview will be contacted.**