



VOLUNTEER APPLICATION FORM

Application Received:

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

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|--|--|--|-------------------|---|--|---|--|--|--|
| Surname | | First Name | | Middle Name(s) | | Date of Birth <i>yyyy / mm / dd</i> | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Name at Birth | | | | | | | | | |
| 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) _____ | | | |
| Spouse's/Partner's Name (if applicable) | | | | | | | Date of Birth <i>yyyy / mm / dd</i> | | |
| Emergency Contact Person Name | | | | Phone Number | | | Relationship | | |
| Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Company Name | | | | Position | | | |
| Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Do you have use of a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Are you a resident in Airdrie / Beiseker area? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, for how long? | | | |
| Educational History <i>School/College/University/Other (please specify)</i> | | | | | | Specialization | | Highest Level Completed | |
| Do you read, speak, or write another language? Please list below. Can you communicate using ASL? | | | | | | | | | |

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 |
|--|-------------------|--------------------------|

Why do you want to become a volunteer for Victim Services?

Please answer *yes* or *no* to the following:

I am willing to sign a contract upon acceptance, which will outline the terms and conditions of my volunteer work with Victim Services. Yes No

I am willing to fulfill all training requirements necessary to becoming a volunteer. Yes No

I am willing to volunteer for a minimum of one week on call per month for one year. Yes No

Have you experienced a traumatic event or been under unusual stress within the past year?
 If yes, what was the nature of the event? Yes No

| | |
|---|---|
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | An RCMP Security Clearance is required. Do you know any reason why you would not meet the requirements of the screening? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

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|--|--|
| Have you ever been: Convicted of a Criminal Offence? <input type="checkbox"/> Yes <input type="checkbox"/> No Charged with a Criminal Offence? <input type="checkbox"/> Yes <input type="checkbox"/> No Placed in the Alternative Measures Program? <input type="checkbox"/> Yes <input type="checkbox"/> No | Wanted on a Warrant? <input type="checkbox"/> Yes <input type="checkbox"/> No Served with a Court Order? <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 volunteer 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 volunteer for Victim Services.

Date

Signature

Please submit your completed application to by mail (2 Highland Park Way NE, Airdrie T4A 0R1 by email (colleen.maurice@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.