



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.

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
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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
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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.