

Personal

Surname _____ Full Given Names _____ Date of Birth (YY/MM/DD) _____

Mailing Address _____ Postal Code _____

E-mail Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Length of residence in current town/rural municipality: _____

Do you have the use of a vehicle? Yes ____ No ____

Do you hold a valid Driver's License? Yes ____ No ____

Province: _____

Driver's License Number: _____ Restrictions: _____ Class: _____

Education

<u>Name of Institution</u>	<u>Level/Program Completed</u>	<u>Year</u>
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High School _____

Post Secondary _____

Other Courses/Training _____

Do you speak, read, or write any languages other than English? Specify: _____

Employment

Current Status: Employed __ Self-Employed __ Unemployed __ Student __ Retired __ Other: _____

If employed, company/employer name: _____

Position: _____ Length of Employment: _____

Supervisor's Name:

May we contact your present employer for reference purposes?

Describe any current or previous volunteer positions, including duties:

Discuss any skills, knowledge, or experiences which you feel may be useful in your work with Victim Services:

What do you hope to gain through volunteering with Victim Services?

Please indicate what days of the week, and times (morning, afternoon, evening) you would be available to volunteer:

Is your schedule flexible? Yes No

References

Please list two persons other than friends or relatives that we can contact:

Name

Occupation

Address

Phone

Declaration

A criminal record check will be required to enable me to work in the RCMP detachment. Do I know of any reason why I would not be eligible for a security clearance?

___ Yes ___ No

Explanation: _____

In completing this application, I do hereby give consent to the RCMP to make the necessary reference checks and security inquiries in order to ascertain my suitability as a volunteer with Victim Services – South West

I understand that any false information will be grounds for rejection of my application, or immediate dismissal as a volunteer.

I also understand that Victim Services - South West is not obligated to accept me as a volunteers.

Signature: _____ Date: _____

Office Use Only:

Rec'd _____ Det: _____ IRS: _____ CPIC: _____