

VOLUNTEER ADVOCATE APPLICATION

Office Only: Date Received: _____ Interview Date: _____ References checked: _____

Applying for (check all that apply):

Emergency Advocate _____ Court Advocate _____ Community & Cultural Advocate _____ Community Events _____

Name: _____
Last First

Maiden Name and/or Previously Used Surnames: _____

Address: _____

Mailing Address: (if different from above) _____

Home Ph.: _____ Cell Ph: _____

Email: _____ Length of time at current residence: _____

Employer: (If applicable) _____ Work Ph: _____

Date of Birth: yyyy/mm/dd: _____ Are you legally entitled to work in Canada? YES NO

Do you have a valid Alberta Driver's License? YES NO Operator #: _____

Have you ever been convicted of an offence in violation of the Criminal Code of Canada which you have not received a pardon? YES NO If YES, please explain: _____

Specialized courses / training: _____

How did you learn about Victim Services: (check all that apply)

RCMP Member _____ Newspaper _____ Public Display _____ Victim Services Volunteer _____

Website: _____ Other: _____

Please list any organizations and associations you are currently involved with, or have been in the past: _____

Hours of availability: (check all that apply)

- Monday – Friday (evening 6pm – 6am) _____
- Monday – Friday (day 6am – 6pm) _____
- Weekends (day 6am - 6pm) _____
- Weekends (evening 6pm – 6am) _____

List all languages you speak, read, and write: _____

Do you know any RCMP Members or Victim Services Volunteers? YES NO (if yes list names)

Please explain your reasons for applying to volunteer with Alberta Regional Victim Services Society.

What do you hope to gain from this experience? _____

Any additional information: _____

I, _____ give permission to the Alberta Regional Victim Serving Society, and the RCMP to obtain all information necessary to qualify me as a volunteer of the Alberta Regional Victim Serving Society Volunteer Program.

ATTENTION: I acknowledge any false information given on this application will be grounds for denial of acceptance or immediate dismissal.

Signature

Date





Please Provide 3 References (1 must be business):

1. Name: _____ Phone: (_____) _____

Relationship to applicant, (business associate, employer, personal friend) _____

_____ Known for how long: _____

2. Name: _____ Phone: (_____) _____

Relationship to applicant, (business associate, employer, personal friend) _____

_____ Known for how long: _____

3. Name: _____ Phone: (_____) _____

Relationship to applicant, (business associate, employer, personal friend) _____

_____ Known for how long: _____