

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 4:30pm – 8:30am) _____
- Monday – Friday (day 8:30am – 4:30pm) _____
- Weekends (day 8:30am - 4:30pm) _____
- Weekends (evening 4:30pm – 8:30am) _____

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 Professional References (no personal references):

1. Name: _____ Phone: (_____) _____

Relationship to applicant, (business associate, employer) _____

_____ Known for how long: _____

2. Name: _____ Phone: (_____) _____

Relationship to applicant, (business associate, employer) _____

_____ Known for how long: _____

3. Name: _____ Phone: (_____) _____

Relationship to applicant, (business associate, employer) _____

_____ Known for how long: _____

****Please attach a copy of your current resume, or email into info@westarvss.ca.**