



## 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)

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**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.**

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Signature

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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: \_\_\_\_\_

**Once completed, download and email this form (along with your resume) to [volunteer@westarvss.ca](mailto:volunteer@westarvss.ca)**