



Elk Point & Area Victim Services

Box 218

4909-50 Avenue

Elk Point, AB T0A 1A0

Phone: 780-724-4455

Fax: 780-724-2123

VOLUNTEER APPLICATION

Office only: Date entered: _____ VSPC Interview? _____ CPVS Interview? _____

Please print and return completed application to:
Box 218, 4909-50 Avenue, Elk Point, AB T0A 1A0
If you have any questions, please call: (780)724-4455

Please check all that apply: I am interested in volunteering as:
Victim Advocate _____ **Board Member** _____

Name: _____
Last First Middle

Address: _____

Mailing Address (if different from above): _____

Phone # Home: _____ **Cell:** _____ **Work:** _____

E-mail: _____ **Length of time at current residence?** _____

Maiden name: _____ **Spouse's name:** _____

Employer: _____ **Hours of work:** _____

Have you ever been convicted of a criminal offence? _____ (If yes, please explain on back of form)

Education: (check all that apply) Jr. High School _____ High School _____ Post Secondary School _____

Specialized training or courses: _____

How did you learn about victim services: (check all that apply)

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

Other _____

Availability for volunteer (check all that apply)

Monday to Friday days ____ Monday to Friday evenings ____ Weekends days ____ Weekends evenings ____

List all languages you speak, read and write: _____

Do you know any RCMP members or Victim Services Volunteers? ____ (please list name(s) on back)

Are you legally entitled to work in Canada? _____

REFERENCES:	Personal	Business
Name:	_____	Name: _____
Phone:	_____	Phone: _____
Relationship:	_____	Relationship: _____
How long have you know this person?	_____	How long have you known this person? _____

NOTE: References must be notified in advance of our call. Any person who has not been notified will not be used as a reference.

Please list the organizations and associations you are currently involved with _____

Please explain your reasons for applying to Volunteer with Elk Point & Area Victim Services?

What do you hope to gain from this experience? _____

I, _____ give permission to the Elk Point RCMP detachment to obtain all information necessary to qualify me as an Advocate with Elk Point & Area Victim Services Society.

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

Signature

Date