



Midwest  
**Victim Services**  
PROGRAM

# Volunteer Application

Application Date: (Year/Month/Day): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Date Of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Year Month Day

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone (Home): (\_\_\_\_) \_\_\_\_\_ Phone (Work): (\_\_\_\_) \_\_\_\_\_

Phone (Cell): (\_\_\_\_) \_\_\_\_\_ email \_\_\_\_\_

How Long Have You Lived In This Area? \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

Spouse's Name (if applicable): \_\_\_\_\_

Spouse's Date Of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Year Month Day

Are You Currently Under A Physician's Care?  Yes  No

Please Explain: \_\_\_\_\_

Are You Currently Taking Any Medication?  Yes  No

If Yes, What Type? \_\_\_\_\_

If So, For What Reason(s)? \_\_\_\_\_

\_\_\_\_\_

## EMERGENCY CONTACT

Emergency Contact Person: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Immediate Family Members (Last, Middle, First)	Date of Birth (Year/Month/Day)	Sex	Relationship	Address
1. _____	/ /	M F		
2. _____	/ /	M F		
3. _____	/ /	M F		
4. _____	/ /	M F		
5. _____	/ /	M F		

**CRIMINAL HISTORY**

Have You Ever Been Charged With A Criminal Offense?  Yes  No

Have You Ever Been Convicted Of A Criminal Offense?  Yes  No

If Yes, Please Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has Anyone In Your Family Ever Been Convicted Of A Criminal Offense? If Yes, Please Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYER**

Are You Currently Employed?  Yes  No

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: (\_\_\_\_)\_\_\_\_\_ May We Call You At Your Place Of Employment?  Yes  No

Length Of Employment: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Do You Have Use Of A Vehicle?  Yes  No License Plate # \_\_\_\_\_ Province: \_\_\_\_\_

Do You Have A Valid Operator's License?  Yes  No Province: \_\_\_\_\_

Operator's License # \_\_\_\_\_

**EDUCATIONAL HISTORY**

High School Name: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

Address: \_\_\_\_\_ Date Completed: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

College Name: \_\_\_\_\_ Certificate/Degree: \_\_\_\_\_

Address: \_\_\_\_\_ Date Completed: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

University Name: \_\_\_\_\_ Certificate/Degree: \_\_\_\_\_

Address: \_\_\_\_\_ Date Completed: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

Do You Speak, Read Or Write Any Other Language:  Yes  No

If Yes, Please Indicate Which Language and Ability: \_\_\_\_\_

Fluent  Conversational

List Current Or Previous Volunteer Work Or Related Experiences That You Have Had, Include Any Organizations, Civic Groups, Etc. To Which You Presently Belong:

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Please List Other Skills, Knowledge Or Resources Which May Be Useful In Your Work As A Victim Service's Advocate:

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Please Explain Your Reasons For Applying With The Midwest Victim Services Unit. What Do You Hope To Gain From This Experience? Which area of volunteering are you most interested in pursuing?

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Do You Know Any Members/Employees Of The R.C.M.P.?  Yes  No

If Yes, Please List Name(s): \_\_\_\_\_

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## REFERENCES

### Personal

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: Home (\_\_\_\_) \_\_\_\_\_

Phone #: Home (\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_

### Business/Educational/Volunteer

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: Home (\_\_\_\_) \_\_\_\_\_

Phone #: Home (\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_

How Did You Learn About Victim Services (Check All That Apply)

Newspaper    Radio    R.C.M.P.    TV    Friend    Other

I, \_\_\_\_\_, give permission to the R.C.M.P. to obtain and review all information necessary to qualify me as a volunteer with Midwest Victim Services. This includes criminal and background inquiries and reliability screening.

I ACKNOWLEDGE ANY FALSE INFORMATION GIVEN ON THIS APPLICATION FORM OR IN THE INTERVIEW WILL BE GROUNDS FOR DENIAL OF ACCEPTANCE OR IMMEDIATE DISMISSAL.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

**Please Return Completed Application to:**  
**Midwest Victim Services**  
**Lloydminster RCMP Detachment, 5106 44 Street**  
**Lloydminster, AB T9V 3M1**