



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): (____) _____ Phone (Fax): (____) _____

How Long Have You Lived In This Area? _____

Marital Status: Married Common-Law Single Single Divorced

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:

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

Please Explain Your Reasons For Applying With The Midwest Victim Services Unit. What Do You Hope To Gain From This Experience? What Do You Hope To Contribute To The Unit?

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

If Yes, Please List Name(s): _____

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

Midwest Victim Services

Lloydminster RCMP Detachment, 4201-47 Avenue

Lloydminster, SK S9V 2C7

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