



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<br>(Last, Middle, First) | Date of Birth<br>(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? What Do You Hope To Contribute To The Unit?

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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, 5106 - 44 Street**

**Lloydminster, AB T9V 0W2**

**Phone: (780) 874-5022 Fax: (780) 808-8401**