



Application Form

Thank you for your interest in volunteering with us! Please complete this form and return it to us as soon as possible. If you have any questions, please contact us.

Personal information on this application is being collected under the authority of the Freedom of Information and Protection of Privacy Act, Section 32 (c). It will be used to determine your suitability, eligibility or qualification for volunteer service with Cochrane & Area Victim Services.

Full name (<i>no initials please</i>)		Preferred Name
Address (<i>include city, province, postal code</i>)		
Home Phone	Cell	Email Address
Best Daytime Contact		
Do you have any criminal conviction for which a pardon has not been granted?		<input type="radio"/> Yes <input type="radio"/> No
How did you hear about this volunteer opportunity? (<i>please be specific</i>)		
Have you previously worked as a registered volunteer with the RCMP? (<i>if yes, please indicate the program</i>)		<input type="radio"/> Yes <input type="radio"/> No
Have you volunteered in the past or are you currently volunteering for an organization?		<input type="radio"/> Yes <input type="radio"/> No
If yes in above, please list your volunteer position(s), organization(s) and time worked		
Why do you want to volunteer with Cochrane and Area Victim Services?		
What special skills/hobbies/passions do you think you have that would help you be successful in this position?		
Have you had any experience in dealing with victims of crimes or other misfortunes? (<i>if yes please explain</i>)		<input type="radio"/> Yes <input type="radio"/> No



Have you ever been a victim of crime or other misfortune? <i>(if yes please explain)</i>		<input type="radio"/> Yes <input type="radio"/> No
Other Information		
Occupation <i>(currently)</i>	Email	Phone #
Would you object to us contacting your employer? <i>(if yes, please explain)</i> <i>(You may use your employer as one of your required references)</i>		<input type="radio"/> Yes <input type="radio"/> No
Languages spoken	Are you legally entitled to work in Canada?	<input type="radio"/> Yes <input type="radio"/> No
Do you have any medical issues or concerns that we should be aware of? <i>(if yes, please explain)</i>		<input type="radio"/> Yes <input type="radio"/> No
Do you hold a valid driver's licence? <input type="radio"/> Yes <input type="radio"/> No	Province/License #	Class
Please indicate what volunteering looks like for you and what is important to you and your community		

By signing below I attest that the above information is truthful & accurate to the best of my knowledge. I understand that any false claims may result in the rejection of my application and/or termination of my volunteer status with Cochrane & Area Victim Services. I also understand that I give Cochrane & Area Victim Services the authority to contact the references listed and, if necessary, to check with authorities to ascertain my suitability as a volunteer. I understand that my acceptance as a volunteer is dependent upon successful completion of a RCMP Criminal Record Clearance.

Applicants Signature _____

Date _____