



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.

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?		Yes 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>		Yes No
Have you volunteered in the past or are you currently volunteering for an organization?		Yes 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>		Yes No



Have you ever been a victim of crime or other misfortune? <i>(If yes please explain)</i>			Yes No
Other Information			
Occupation <i>(currently)</i>	Supervisor Name and Email	Supervisor 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>			Yes No
Languages spoken	Are you legally entitled to work in Canada?	Yes No	
Do you have any medical issues or concerns that we should be aware of? <i>(if yes, please explain)</i>			Yes No
Do you hold a valid driver's licence? Yes 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 _____