

VOLUNTEER ADVOCATE APPLICATION FORM *Please sign and return to the Victim Services office.*

1) Personal Information

Name

 Last First Middle

_____ Maiden Name Date of Birth (YYYY / MM / DD)

Mailing Address

 Street City Postal Code

Street Address *(if different)*

Home Phone _____ **Work Phone** _____

Cell Phone _____ **Email Address** _____

Driver's License No: _____

2) References

May include employers, volunteer supervisors, friends, co-workers and relatives. Please provide four references. Inability to contact references may exclude you from successfully completing the application process. Please include your affiliation or relationship to each reference.

Name _____ **Name** _____

Address _____ **Address** _____

Day Phone # _____ **Day Phone #** _____

Relationship _____ **Relationship** _____

Name _____ **Name** _____

Address _____ **Address** _____

Day Phone # _____ **Day Phone #** _____

Relationship _____ **Relationship** _____

3) **Education Qualifications**

4) **Why do you want to be a Victim Services Volunteer Advocate?**

5) **What skills do you bring?**

6) **How did you hear about Victim Services?**

7) **Please list the organizations and associations you are currently involved with.**

8) **Are you legally entitled to work in Canada?**

Yes

No

9) **Have you ever been convicted of an offence in violation of the Criminal code of Canada for which you have not been pardoned?**

Yes

No

10) **May we contact your past and present employer/supervisors?**

Yes

No

11) **Screening: May the Royal Canadian Mounted Police and Wetaskiwin and District Victim Services Society conduct a criminal records check, background checks, driver's abstract check and RCMP Enhanced Reliability Security Check?**

Yes

No

Signature

Date

To be completed after preliminary acceptance into the program:

I, _____, hereby give permission to the Royal Canadian Mounted Police and Wetaskiwin and District Victim Services Society to conduct a criminal records check, driver's abstract check and RCMP Enhanced Security Check. I understand these checks cannot be conducted against my will, and I also grant permission to provide information such as maiden name, previous addresses, and other information for the sole purpose of the criminal history check. I also understand that this is only for background screening for Volunteer Advocate applicants, and will not be used or disseminated outside these boundaries. Should the enhanced security check disclose that I have been convicted of criminal offenses within the Criminal Code of Canada for which I have not received a pardon, my application will not be processed any further, or if my driving abstract should not be clear I may not be processed further.

I have read this aloud and have signed in front of a witness this date.

Signature

Date