

VICTIM SERVICES – SOUTH WEST
Volunteer Victim Support Worker Application

Personal

Surname

Full Given Names

Date of Birth (YY/MM/DD)

Mailing Address

Postal Code

E-mail Address

Home Phone

Work Phone

Cell Phone

Length of residence in current town/rural municipality:

Do you have the use of a vehicle? Yes ___ No ___

Do you hold a valid Driver's License? Yes ___ No ___

Province:

Driver's License Number:

Restrictions:

Class:

Education

Name of Institution

Level/Program Completed

Year

High School

Post Secondary

Other Courses/Training

Do you speak, read, or write any languages other than English? Specify:

Employment

Current Status: Employed __ Self-Employed __ Unemployed __ Student __ Retired __ Other:

If employed, company/employer name:

Position:

Length of Employment:

Supervisor's Name:

May we contact your present employer for reference purposes?

Describe any current or previous volunteer positions, including duties:

Discuss any skills, knowledge, or experiences which you feel may be useful in your work with Victim Services:

What do you hope to gain through volunteering with Victim Services?

Please indicate what days of the week, and times (morning, afternoon, evening) you would be available to volunteer:

Is your schedule flexible? Yes No

References

Please list two persons other than friends or relatives that we can contact:

<u>Name</u>	<u>Occupation</u>	<u>Address</u>	<u>Phone</u>

