



Volunteer Advocate Application

1) PERSONAL INFORMATION

Name (in full) : _____
Surname First Middle(s)

Maiden Name / or Previously Used Surnames: _____ Date of Birth _____

Home Address: _____
Street / or Legal Land Description

_____ Mailing Address,

_____ Postal Code

E-mail Address: _____

Home Phone: _____ Cell: _____ Work: _____

Marital Status: _____ How long have you resided in this area? _____

Do you have a valid Alberta Driver's License? YES / NO

Operator Number: _____

Do you have a vehicle? YES / NO

Has your license ever been suspended or revoked? YES / NO

Emergency Contact: _____

Have you ever been convicted of a criminal offence? YES / NO

If yes, please explain: _____

Education: (check all that apply):

Junior High School _____

Post-Secondary _____

High School _____

Specialized Courses / Training _____

How did you learn about Victim Services: (check all that apply)

RCMP Member

Newspaper

Public Display

Victim Services Volunteer

Website

Other: _____

List all languages you speak, read, and write: _____

15. Do you know any RCMP Members or Victim Services Volunteers? YES / NO Please list:

_____	_____
_____	_____
_____	_____

16. Are you legally entitled to work in Canada? YES / NO

REFERENCES

Name: _____ Name: _____

Day Phone: _____ Day Phone: _____

Relationship _____ Relationship: _____

Name: _____ Name: _____

Day Phone: _____ Day Phone: _____

Relationship _____ Relationship: _____

List the organizations and associations you are currently involved with (if any):

Explain your reasons for applying to this Victim Services. What do you hope to gain from this experience? _____

May we contact your past and present employers/supervisors? YES /NO

I, _____ give permission to the Fairview and District Victim Services to obtain all information necessary to qualify me as a volunteer advocate of the Fairview and District Victim Services Program.

ATTENTION: I acknowledge any false information given on this application will be grounds for denial of acceptance or immediate dismissal.

Signature

Date

10104 - 113 Street
P O Box 610
Fairview, Alberta
T0H 1L0
Phone: 780-835-4557
Fax: 780-835-3950
Email: frwvsu@telus.net