

REGINA REGION VICTIM SERVICES INC.

Volunteer Victim Support Worker Application

Personal

Surname	Full Given Names	Other Names Used
Mailing Address		Postal Code
Physical Address of Residence		
Home Phone	Work Phone	Date of Birth (YY/MM/DD)
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:	Phone Number:
May we contact your present employer for reference purposes?	Yes ___ No ___

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 relatives that we can contact:

Name	Occupation	Address	Phone

Declaration

In completing this application, I do hereby give consent to the RCMP to make the necessary reference checks and security inquiries in order to ascertain my suitability as a volunteer with Regina Region Victim Services Inc.

I understand that any false information given in this application will be grounds for rejection of my application, or immediate dismissal as a volunteer.

I also understand that Regina Region Victim Services Inc. is not obligated to accept me as a volunteer.

Signature: _____ Date: _____

Office Use Only:

Rec'd:	Det:	PIRS:	CPIC: