Parkland Victims Services Inc.
Volunteer Support Worker Application Form

Personal Information:

Surname:	Given Names:	
Maiden Name:	Other Names Used:	
Date of Birth (yy/mm/dd):		
Mailing Address:		Postal Code
Home Phone:	Work Phone:	Email:

Education:

Name of Institution	Level/Program Completed	Year
High School:		
Post Secondary:		
Other Courses/Training:_____		

Employment History:

Current Status:	____Employed	____Unemployed	____Student	____Retired
If employed, Company/Employer Name:				
Position:			Length of Employment:	
Supervisor's Name:			Phone:	
May we contact your present employer for reference purposes:	_____Yes	_____No		

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

_____

_____

_____

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

_____

_____

Please describe any volunteer position you have previously held or currently hold and include your duties.

_____

_____

_____

_____

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

_____

_____

_____

_____

Scheduling:

Please indicate what days of the week, weekends 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:

Name	Occupation	Address	Phone:
1)_____			
2)_____			

Declaration

In completing this application, I do hereby give consent to the RCMP and Parkland Victims Services Inc. to make the necessary reference checks and security inquiries in order to ascertain my suitability as a volunteer with Police-affiliated Parkland Victims Services program.

I understand that any false information given in this application will be grounds for rejection of my6 application, or immediate dismissal as a volunteer.

I also understand that Police-affiliated Parkland Victims Services Inc. is not obligated to accept me as a volunteer.

Signature:_____ Date:_____