



Head Office: Leduc R.C.M.P. Detachment  
#1, 4119 – 50 Street, Leduc, AB T9E 7L9  
Phone: 780-980-7232  
Fax: 780-986-9569

## VOLUNTEER BOARD OF DIRECTORS APPLICATION

*Please return completed application to:*  
**Leduc & District Victim Services #1, 4119 50 Street, Leduc AB T9E 7L9**  
**If you have any questions please call our office at 780-980-7232**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

Mailing Address: (if different from above) \_\_\_\_\_

Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Email: \_\_\_\_\_ Length of residence in Leduc or surrounding area: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Ph: \_\_\_\_\_

Do you know any Board Members or RCMP Members? No \_\_\_ Yes \_\_\_ (if yes list names)

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**REFERENCES:** (Excluding relatives. Preferably business or work associates.)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Availability for volunteer Board Services: 2 yrs \_\_\_\_\_ 4 yrs \_\_\_\_\_

**If you are accepted as a Board Member, what do you expect from our organization?** \_\_\_\_\_

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**If you are accepted as a Board member, what can we expect from you?** \_\_\_\_\_

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**What previous experience as a volunteer or Board Member do you possess?** \_\_\_\_\_

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**What are your talents, hobbies and leisure activities?** \_\_\_\_\_

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**The following space is provided for your comments. Please advise us of any additional information you feel we would require. All applications are subject to RCMP scrutiny and investigation.**

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I, \_\_\_\_\_ give permission to the Office of the Leduc RCMP to obtain all information necessary to qualify me as a board member of the Leduc & 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