



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 APPLICATION

Office Only *Date Entered:* _____ *VSPC Interview?* _____ *CPVS Interview?* _____

If you have any questions, contact Victim Services at 780-980-7232
Return completed application to: Leduc & District Victim Services #1, 4119 50 St., Leduc AB T9E 7L9

Please circle all that apply: Are you interested in volunteering as
 A **Victim Advocate** or on the Promo Committee?

Name: _____
 Last First Middle

Address: _____

Mailing Address: (if different from above) _____

Home Ph: _____ **Cell Ph:** _____ **Work Ph:** _____

Email: _____ **Length of time at current residence:** _____

Maiden Name: _____ **Spouse's Name:** _____

Employer: (If applicable) _____ **Hours of work:** _____

Drivers License #: _____

Have you ever been convicted of a criminal offence: No ___ Yes: ___ If yes, explain: _____

Education: (check all that apply): Junior High School ___ High School ___ Post Secondary ___

Specialized courses / training: _____

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

RCMP Member ___ Newspaper ___ Public Display ___ Victim Services Volunteer ___

Other: _____

Availability to Volunteer: (check all that apply)

Monday – Friday (day) ___ Monday – Friday (evening) ___ Weekends (day) ___ Weekends (evening) ___

List all languages you speak, read and write: _____

Do you know any RCMP Members or Victim Services Volunteers? No ___ Yes ___ (if yes list names)

Are you legally entitled to work in Canada? Yes ___ No ___

REFERENCES: Personal

Business

Name: _____

Name: _____

Phone: _____

Phone: _____

Relationship: _____

Relationship: _____

How long have you known this person? _____

How long have you know this person? _____

NOTE: References must be notified in advance of our call. Any person who has not been notified will not be used as a reference.

Please list the organizations and associations you are currently involved with. _____

Please explain your reasons for applying to Volunteer with Leduc & District Victim Services.

What do you hope to gain from this experience? _____

I, _____ give permission to the Office of the Leduc RCMP to obtain all information necessary to qualify me as a volunteer 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