

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