



Office Use Only

Received: _____

Interviewed: _____

Trained: _____

Volunteer Application

Name: _____

Surname

First

Middle

Please list all previous surnames/maiden names: _____

Address: _____

Number

Street

Apt.

City

Province

Postal Code

Birth Date: _____

Phone # (home): _____

(business): _____

Email: _____

Cell Phone or Pager: _____

Do you have access to a vehicle? _____

Do you have adequate insurance? _____

Do you speak a second language? Yes No If Yes, please indicate here: _____

Would you be willing to use your second language? Yes No

Emergency Contact: _____ Phone: _____ Relationship: _____

Highest Level of Education Completed (please check):

Grade School

High School

College

University

Area of concentration: _____

Current place of employment: _____ Hours per week: _____

Length of employment: _____ Position or duties: _____

Other training which may be relevant (CPR, workshops, certificates etc.): _____

Interests, skills and hobbies: _____

Present / Previous Volunteer Experience: _____

Are you able to work with confidential information? Yes _____ No _____

Have you ever been charged with a criminal offense in which a pardon has not been granted?

Yes _____ No _____ If yes, please explain: _____

Would you object to a police check? Yes _____ No _____

If yes, please state why: _____

How did you hear about the program? _____

Briefly state why you are interested in becoming a volunteer with Victim Services: _____

Shift Availability (please check all that apply): *All shifts are 12 hours, on-call with a pager
4 shifts (requirement) per month are chosen by volunteers monthly on a first come first serve basis*

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MORNING 7-7							
EVENING: 7-7							

How long of a commitment could you realistically make to this service? _____

Is there any other information that you feel staff should be aware of? _____

Please list three references: At least one work related, one personal, and one of your choice, **no family members will be accepted as references:**

- Name: _____ Phone: _____
Address: _____
Email Address: _____
Occupation: _____
Relationship: _____ Years Acquainted: _____
- Name: _____ Phone: _____
Address: _____
Email Address: _____
Occupation: _____
Relationship: _____ Years Acquainted: _____
- Name: _____ Phone: _____
Address: _____
Email Address: _____
Occupation: _____
Relationship: _____ Years Acquainted: _____

In making this application, I give permission to Chatham-Kent Victim Services to contact the persons named as references to ascertain my suitability as a volunteer. Also, I realize that a recent police clearance will be required to determine eligibility.

Furthermore, I give Chatham-Kent Victim Services permission to circulate my name to members of the Chatham-Kent Police Service for internal screening purposes.

Applicant's Signature: _____ **Date:** _____

Please return this application form to:
Chatham-Kent Victim Services
24 Third Street, Box 366,
Chatham, ON N7M 5K5 Or fax to: (519) 380-6028