

# REGINA REGION VICTIM SERVICES INC.

## Volunteer Victim Support Worker Application

### Personal

Surname Used	Full Given Names	Other Names
Mailing Address Code		Postal
Physical Address of Residence		
Home Phone Birth (YY/MM/DD)	Work Phone	Date of
Length of residence in current town/rural municipality:		
Do you have the use of a vehicle? Yes ___ No ___	Do you hold a valid Driver's License? Yes ___ No ___	Province:
Driver's License Number:	Restrictions:	Class:

### Education

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

Do you speak, read, or write any languages other than English? Specify:
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### Employment

Current Status: Employed ___ Self-Employed ___ Unemployed ___ Student ___ Retired ___ Other:	
If employed, company/employer name:	
Position:	Length of Employment:
Supervisor's Name:	Phone Number:

May we contact your present employer for reference purposes?

Yes \_\_\_

No \_\_\_

Describe any current or previous volunteer positions, including duties:

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

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

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Please indicate what days of the week, and times (morning, afternoon, evening) you would be available to volunteer:

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Is your schedule flexible?    Yes \_\_\_    No \_\_\_

## References

Please list two persons other than relatives that we can contact:			
Name	Occupation	Address	Phone

**Declaration**

In completing this application, I do hereby give consent to the RCMP to make the necessary reference checks and security inquiries in order to ascertain my suitability as a volunteer with Regina Region Victim Services Inc.

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

I also understand that Regina Region Victim Services Inc. is not obligated to accept me as a volunteer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

**Office Use Only:**

Rec'd:	Det:	PIRS:	CPIC: