



Airdrie & District
Victim Assistance
Society

BOARD MEMBERSHIP APPLICATION

905 Edmonton Trail South,
Airdrie, AB. T4B 3J5
(403) 945-7290

Date _____

First Name: _____ Last Name: _____

Address: _____

City / Province _____ Postal Code _____

Home Phone _____ Business Phone _____

Email: _____

I hereby authorize and consent to a RCMP Criminal Record Check.

Applicant's Signature _____

Are you currently volunteering? _____ YES _____ NO

If yes, where and for how long? _____

Have you ever served on a board before? _____ YES _____ NO

If yes, where and for how long? _____

EMPLOYMENT

Company: _____

Address: _____

Phone Number () _____ Position Held: _____

Length of Employment _____ years

EDUCATION

Level Completed _____ Major Study Area _____

Are you currently a student? _____ YES _____ NO

AVAILABILITY & BACKGROUND

When are you most available? _____ DAYS _____ EVENINGS _____ WEEKENDS

Please describe any previous volunteer experience.

Why do you want to become a board member for ADVAS?

What do you hope to contribute to the Board of ADVAS?

What are your interests and/or hobbies?

REFERENCES

Please provide two references who are not members of your family.

Name: _____

Address: _____

Phone Number: _____

Relationship _____

How long have you known this person? _____ YEARS

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

How long have you known this person? _____ YEARS

Comments:

Submit application by:

Mail/Deliver: Airdrie & District Victim Assistance Society
 c/o RCMP Detachment
 905 Edmonton Trail S
 Airdrie, AB T4B 3J5

Fax: 403-945-7254