



Airdrie and District Victim Assistance Society Volunteer Application

General Information

Name in Full: _____
(Last) (First) (Middle)

Home Address: _____
(Street Address, including postal code)

Home Phone: _____ Work Phone: _____

Cell: _____ E-mail: _____

Birth Date: _____ Place of Birth: _____
Year/Month/Day City Province

Marital Status: _____ Spouse's Name: _____

How long have you resided in area? _____

Employment Information

Are you presently employed? YES NO

Employer: _____

Position: _____ How Long: _____

Supervisor: _____ Phone _____

Education Information

Did you graduate from High School? YES NO

Where _____

College/Vocational School Attended: _____ Years: _____

University Attended: _____ Years: _____

Degree Achieved: _____

Are you presently a student? YES NO

Institution: _____

Special Training

Please list any special courses or skills you have which may be relevant to the job:

List previous volunteer experience:

Other

Describe the strengths you will bring to the program:

Days and Times Available: _____

Why do you wish to volunteer for this program? _____

Have you ever had trouble with the police? YES NO

Have you ever been charged with a criminal offense? YES NO

Have you ever been convicted of a criminal offense? YES NO

Do you consent to have a criminal records check done? YES NO

Will you attend necessary training and meetings? YES NO

I understand that any false information I have provided above will result in the rejection of my application.

I also understand that I must undergo an enhanced security clearance by the RCMP.

Signature: _____ Date: _____

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