

VICTIM SERVICES OF WINDSOR & ESSEX COUNTY

SPECIAL EVENTS VOLUNTEER



OFFICE USE ONLY	OFFICE USE ONLY
Date Sent: _____	Date Rec'd: _____

PERSONAL INFORMATION

SURNAME: _____
 GIVEN NAMES: _____
 PREVIOUS SURNAME: _____

ADDRESS: _____
 CITY/PROVINCE: _____
 POSTAL CODE: _____
 E-MAIL: _____
 PHONE (Residence): _____
 PHONE (Business): _____

ARE YOU OVER 18 YEARS? **YES** **NO** _____
circle one *initial*

CURRENT EMPLOYER *(Previous if currently unemployed)*

POSITION/TITLE: _____
 EMPLOYER: _____
 ADDRESS: _____
 SUPERVISOR'S NAME: _____
 SUPERVISOR'S TITLE: _____
 DATE OF EMPLOYMENT:
 FROM: _____ TO: _____

EDUCATIONAL BACKGROUND
(Please circle highest grade completed)

GRADE 10 - 11 - 12 - 13	YEARS OF UNIVERSITY
YEARS COLLEGE 1 - 2 - 3	1 - 2 - 3 - 4 - 5 - 6 - 7 - 8

OTHER: _____
 MAJOR: _____
 CAREER GOAL: _____

INTERESTS, SKILLS, HOBBIES

RELATED EXPERIENCE *(Volunteer work or past employment) :*

POSITION: _____
 AGENCY/SERVICE/BUSINESS: _____
 SUPERVISOR'S NAME: _____
 FROM: _____ TO: _____

BRIEF DESCRIPTION OF DUTIES:

DO YOU HAVE A VALID DRIVERS LICENSE?
YES **NO**

DO YOU HAVE USE OF A VEHICLE?
YES **NO**

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE FOR WHICH A PARDON HAS NOT BEEN GRANTED?
YES **NO**

DO YOU HAVE ANY OUTSTANDING CHARGES?
YES **NO**

OFFENCE: _____
 DATE: _____
 LOCATION: _____

HOW DID YOU HEAR ABOUT OUR PROGRAM?

WHAT IS YOUR PAST EXPERIENCE WITH SPECIAL EVENTS?:

_____	_____	_____
_____	_____	_____
_____	_____	_____

REFERENCES

(Please supply one personal and two professional references.)

NAME: _____	PHONE: R _____
ADDRESS: _____	POSTAL: B _____
NAME: _____	PHONE: R _____
ADDRESS: _____	POSTAL: B _____
NAME: _____	PHONE: R _____
ADDRESS: _____	POSTAL: B _____

Can we contact your current or previous employer?	YES	NO	_____	_____
			<i>sign</i>	<i>date</i>

_____	_____
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DATE:

Personal information on this form is being collected under the authority of the Police Act S. 57 (*Polices Services act, S. 41 upon enactment*) and will be used to assess your suitability as a volunteer with Victim Services of Windsor & Essex County. Questions about this collection should be directed to the Coordinator at **(519) 723-2711 or toll free 1-888-732-6228.**

SIGNATURE:

PLEASE RETURN THIS APPLICATION TO:

Victim Services of Windsor & Essex County

Coordinator of Victim & Volunteer Support
P.O. Box 910
Essex, Ontario
N8M 2Y2

We are located at the Essex OPP Detachment on Manning Rd. at Hwy 401
E-MAIL: vcarswec@jet2.net **FAX:** 519-723-2010