



**SHIFT AVAILABILITY**

ARE YOU AVAILABLE FOR 4-6 ON-CALL SHIFTS A MONTH (*shifts are days 7 am to 7 pm; or nights 7 pm to 7 am; ( Also 2 statutory holidays*  
*Volunteers sign up for the shifts that best meet their schedule)*)? \_\_\_\_\_

ARE YOU ABLE TO ATTEND THE 2 MANDATORY MEETINGS A YEAR? \_\_\_\_\_

ARE YOU ABLE TO COMMIT TO ONE YEAR OF SERVICE? \_\_\_\_\_

**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 \_\_\_\_\_  
*sign 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 Volunteer Coordinator at **(519) 723-2711 or toll free at 1-888-732-6228.**

**I authorize Victim Services of Windsor Essex County to circulate my name/application to members of local Police Services for internal screening purposes only.**

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**PLEASE RETURN THIS APPLICATION TO:**

Victim Services of Windsor & Essex County  
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](mailto:vcarswec@jet2.net) FAX: 519-723-2010**