VICTIM SERVICES OF WINDSOR & ESSEX COUNTY

VOLUNTEER APPLICATION

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 (Cell): _____

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:

ARE YOU LEGAL TO WORK/VOLUNTEER IN CANADA

DO YOU HAVE A VALID DRIVERS LICENSE?

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 INSURANCE?
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: _____

INTERESTS, SKILLS, HOBBIES

_____

HOW DID YOU HEAR ABOUT OUR PROGRAM?

WHAT LANGUAGES DO YOU:

SPEAK: _____ _____ _____

READ: _____ _____ _____

WRITE: _____ _____ _____

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 s*

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. 41upon 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: _____

We are located at the Essex OPP Detachment on Manning Rd. at Hwy 401

E-MAIL: cynthiac@vswec.ca

PLEASE RETURN THIS APPLICATION TO:

Victim Services of Windsor & Essex County

P.O. Box 910

Essex, Ontario

N8M 2Y2

VICTIM SERVICES
OF WINDSOR & ESSEX COUNTY