



4428 - 45 Street
(at the RCMP Detachment)
Rocky Mountain House, Alberta
T4T 1P3
Phone: 403-844-4421
Fax: 403-845-6515

VOLUNTEER **ADVOCATE** / **BOARD** APPLICATION
(Check which you are applying for)

Name (in full) : _____
Surname Given Middle(s)

Maiden Name / or Previously Used Surnames: _____

Address: _____
Street / or Legal Land Description Mailing Address, Including Postal Code

E-mail Address: _____ Length of time in this area: _____

Home Phone: _____ Cell: _____

Birth Date: _____ Place of Birth: _____

Do you have a valid Alberta Driver's License? YES / NO Access to a vehicle? YES / NO

Has your license ever been suspended or revoked? YES / NO

Emergency Contact: _____

Have you ever been convicted of a criminal offence? YES / NO

If yes, please explain: _____

Education: (check all that apply):

- Junior High School Post-Secondary High School Specialized Courses / Training

Employment Status: (check all that apply)

- Unemployed Employed PT/FT Self Employed Retired

How did you learn about Victim Services: (check all that apply)

- RCMP Member Newspaper Public Display Website
 Victim Services Volunteer Other: _____

List all languages you speak, read, and write: _____

Do you know any RCMP Members or Victim Services Volunteers? Yes / No (If yes list names) _____

Please list any organizations & associations you have previously volunteered with or are currently involved with: _____

REFERENCES (Personal, Business or Volunteer Related):

Name: _____ Relationship: _____

Phone: _____ How long have you known this person? _____

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Phone: _____ How long have you known this person? _____

Explain your reasons for applying to Rocky and District Victim Services. What do you hope to gain from this experience?

What abilities and/or training do you feel you possess that would benefit to our program?

Commitment and dedication to all roles and responsibilities outlined in the volunteer job description are required to ensure the success of our Program

I, _____, give permission to Rocky and District Victim Services to obtain all information necessary to qualify me as a volunteer of the RVSU Program. It is understood that the RCMP will have final authority in the approval or rejection of this application. This decision will be final. I may request an explanation for the decision but, depending on the circumstances, the criteria and method of arriving at the decision may not be subject to disclosure.

ATTENTION: I acknowledge any false information given on this application will be grounds for denial of acceptance or immediate dismissal.

Signature of applicant

Date