

**VOLUNTEER ADVOCATE APPLICATION FORM** *Please sign and return to the Victim Services office.*

**1) Personal Information**

**Name**  
 \_\_\_\_\_  
 Last First Middle

\_\_\_\_\_ Maiden Name Date of Birth ( YYYY / MM / DD )

**Mailing Address**  
 \_\_\_\_\_  
 Street City Postal Code

**Street Address** *(if different)*  
 \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Driver's License No:** \_\_\_\_\_

**2) References**

May include employers, volunteer supervisors, friends, co-workers and relatives. Please provide four references. Inability to contact references may exclude you from successfully completing the application process. Please include your affiliation or relationship to each reference.

**Name** \_\_\_\_\_ **Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **Address** \_\_\_\_\_

**Day Phone #** \_\_\_\_\_ **Day Phone #** \_\_\_\_\_

**Relationship** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **Address** \_\_\_\_\_

**Day Phone #** \_\_\_\_\_ **Day Phone #** \_\_\_\_\_

**Relationship** \_\_\_\_\_ **Relationship** \_\_\_\_\_

3) **Education Qualifications**

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4) **Why do you want to be a Victim Services Volunteer Advocate?**

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5) **What skills do you bring?**

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6) **How did you hear about Victim Services?**

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7) **Please list the organizations and associations you are currently involved with.**

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8) Are you legally entitled to work in Canada?  Yes  No

9) Have you ever been convicted of an offence in violation of the Criminal code of Canada for which you have not been pardoned?  Yes  No

10) May we contact your past and present employer/supervisors?  Yes  No

11) Screening: May the Royal Canadian Mounted Police and Wetaskiwin and District Victim Services Society conduct a criminal records check, background checks, driver's abstract check and RCMP Enhanced Reliability Security Check?  Yes  No

**Signature**

**Date**

**To be completed after preliminary acceptance into the program:**

*I, \_\_\_\_\_, hereby give permission to the Royal Canadian Mounted Police and Wetaskiwin and District Victim Services Society to conduct a criminal records check, driver's abstract check and RCMP Enhanced Security Check. I understand these checks cannot be conducted against my will, and I also grant permission to provide information such as maiden name, previous addresses, and other information for the sole purpose of the criminal history check. I also understand that this is only for background screening for Volunteer Advocate applicants, and will not be used or disseminated outside these boundaries. Should the enhanced security check disclose that I have been convicted of criminal offenses within the Criminal Code of Canada for which I have not received a pardon, my application will not be processed any further, or if my driving abstract should not be clear I may not be processed further.*

*I have read this aloud and have signed in front of a witness this date.*

**Signature**

**Date**