Victim Advocate Application Form

Please Return to:
Grande Prairie & District Victim Services
10201 – 99 Street
Grande Prairie, AB
T8V 2H4
Victim Advocate Application Form

1. Full Name: ________________ (First) ________________ (Middle) ________________ (Last)

2. Home Address: ____________________________________________________________

3. Home Phone: __________ Cell: __________ Work: __________

4. Email Address: ____________________________________________________________

5. Date of Birth: ____________________________________________________________

6. Current Employer: _________________________________________________________

7. Hours of Work: __________ Can we contact you at work? __________

8. Education Background: ____________________________________________________

9. Languages Spoken: _________________________________________________________

10. Post Secondary Education: ________________________________________________

11. Please list special courses, training, special skills that might enhance your volunteer experience. ie. Organizational, Computer, Public Speaking, Fundraising etc:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

12. List any Organizations or Groups you currently belong to:

__________________________________________________________________________
__________________________________________________________________________

13. Have you ever volunteered for a Police based Victim Program? ________________

14. What interests you about volunteering for Victim Services?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
15. Have you ever been terminated/asked to resign from a Volunteer program?

16. Please list any physical limitations, which might affect your ability to provide service to clients?

17. What aspect of volunteering with Victim Services is the most interesting to you?

18. An RCMP Security Clearance is required to volunteer with Victim Services. Are you aware of any reason that might prevent you from obtaining this Security Clearance?

19. Volunteers are expected to fill a minimum of 4 monthly shifts on call evenings, weekends and holidays. Would this be a problem for you? ie. Child care, shift work, etc.

If you have any questions about this form please call 780-830-5756

Updated September 26, 2012
Victim Advocate Application References

Name of Applicant: ___________________________________________________________

Do not include family members and please advise your references that we will call.

1. Name: _________________________________________________________________
   Phone Numbers: _________________________________________________________
   Relationship: ___________________________________________________________
   Comments: _____________________________________________________________

2. Name: _________________________________________________________________
   Phone Numbers: _________________________________________________________
   Relationship: ___________________________________________________________
   Comments: _____________________________________________________________

3. Name: _________________________________________________________________
   Phone Numbers: _________________________________________________________
   Relationship: ___________________________________________________________
   Comments: _____________________________________________________________

4. Name: _________________________________________________________________
   Phone Numbers: _________________________________________________________
   Relationship: ___________________________________________________________
   Comments: _____________________________________________________________

I, ___________________________ give permission to Grande Prairie & District Victim Services
to contact the references named above.

Signature of Applicant ___________________________ Date ______________