



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?



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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



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 _____