



## VOLUNTEER SERVICE APPLICATION

### Crisis Support Worker and/or Administrative Volunteers

#### VICTIM / WITNESS SERVICES

Personal information on this application form is being collected under the authority of the Freedom of Information and Protection of Privacy Act, Section 32(c). It will be used to determine your suitability, eligibility or qualification for volunteer service with the Lethbridge Police Service, Victim / Witness Services.

| PERSONAL INFORMATION  |  |   |  |                |
|---|--|---|--|----------------|
| LAST NAME   | FIRST  | MIDDLE  | MAIDEN NAME  | PREFERRED NAME |
| ADDRESS (STREET, R.R., P.O. BOX)  |  | CITY/PROVINCE   |  | POSTAL CODE    |
| HOME PHONE  | BUSINESS PHONE   |   | CELL PHONE   |                |
| EMAIL ADDRESS   |  |   |  |                |
| VALID DRIVER'S LICENSE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   | LICENSE NUMBER   | PROVINCE  | CLASS  | DEMERITS       |
| EMPLOYMENT  |  |   |  |                |
| OCCUPATION  | CURRENT EMPLOYER   | LENGTH OF EMPLOYMENT  | FULL TIME <input type="checkbox"/><br>PART TIME <input type="checkbox"/> | HOURS OF WORK  |
| SUPERVISOR'S NAME   | CAN YOU BE CONTACTED AT WORK?<br><input type="checkbox"/> YES <input type="checkbox"/> NO                | LANGUAGES SPOKEN  | CITIZENSHIP  |                |
| STUDENTS  |  |   |  |                |
| WHAT INSTITUTION ARE YOU CURRENTLY ATTENDING?   |  |   | AREA OF STUDY  |                |
| WHEN WILL YOU GRADUATE?   | DO YOU STAY IN LETHBRIDGE DURING THE SUMMER?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | DO YOU PLAN TO STAY IN LETHBRIDGE AFTER GRADUATION?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  |                |
| EDUCATION   |  |   |  |                |
| HIGHEST LEVEL OF EDUCATION RECEIVED   | INSTITUTION  |   |  | YEAR           |
| WORK EXPERIENCE   |  |   |  |                |
| EMPLOYER  | POSITION   |   | YEARS  |                |
|   |  |   |  |                |
|   |  |   |  |                |
|   |  |   |  |                |
| VOLUNTEER EXPERIENCE  |  |   |  |                |
| ORGANIZATION  | DUTIES   |   | YEARS  |                |
|   |  |   |  |                |
|   |  |   |  |                |
| HAVE YOU WORKED PREVIOUSLY AS A REGISTERED VOLUNTEER WITH LETHBRIDGE POLICE SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>IF YES, INDICATE WHICH PROGRAM |  |   |  |                |

## TIME AVAILABLE FOR VOLUNTEER WORK

| Mark availability with a ✓           | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------------------------------------|--------|--------|---------|-----------|----------|--------|----------|
| <b>DAY SHIFT 7:00 AM – 7:00 PM</b>   |        |        |         |           |          |        |          |
| <b>NIGHT SHIFT 7:00 PM – 7:00 AM</b> |        |        |         |           |          |        |          |

ARE YOU ABLE TO COMMIT TO 2 – 3 SHIFTS PER MONTH?  YES  NO

ARE YOU ABLE TO COMMIT TO A MINIMUM OF 2 YEARS WITH THE PROGRAM?  YES  NO

### REFERENCES (DO NOT USE RELATIVES)

| NAME | RELATIONSHIP TO APPLICANT<br>(i.e. coworker, supervisor, friend) | TELEPHONE |      |          |
|------|--|-----------|------|----------|
|      |  | HOME      | CELL | BUSINESS |
| 1.   |  |           |      |          |
| 2.   |  |           |      |          |
| 3.   |  |           |      |          |

HOW DID YOU HEAR ABOUT VICTIM / WITNESS SERVICES?

DID YOU ATTEND OUR INFORMATION SESSION?  YES  NO

HAVE YOU ANY CRIMINAL CONVICTION FOR WHICH A PARDON HAS **NOT** BEEN GRANTED?  YES  NO

In making this application, I hereby give the Lethbridge Police Service, Victims / Witness Services authority to contact the persons named as references and to make inquiries with Police Authorities as may be deemed necessary to ascertain my suitability as a volunteer. I understand that if accepted as a Lethbridge Police Service, Victims / Witness Services Volunteer, my Criminal Record Clearance will be repeated as required.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature