



Sylvan Lake & District Victim Services

4260 - 50th Street
Sylvan Lake, Alberta, T4S 0H3
Phone (403)858-7255
Fax (403) 887-2930

www.sylvanlakevictimservices.com

VOLUNTEER BOARD APPLICATION

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: _____

Marital Status: _____ Spouse's Name: _____

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

Operator Number: _____

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)

- Employed Full Time Employed Part Time 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)

Are you legally entitled to work in Canada? Yes / No

REFERENCES (Personal, Business or Volunteer Related):

Name: _____ Relationship: _____

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

Name: _____ Relationship: _____

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

Please list the organizations and associations you have previously volunteered with or are currently involved with. _____

Explain your reasons for applying to Sylvan Lake 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 is required to ensure the success of our Program

I, _____ give permission to Sylvan Lake and District Victim Services to obtain all information necessary to qualify me as a volunteer of the SLAD VSU Program.

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

Signature of applicant

Date