



**VICTIM SERVICES OF WINDSOR & ESSEX COUNTY
VOLUNTEER APPLICATION FORM**

PERSONAL INFORMATION			
Last Name:		Address:	
Given Name(s):		City and Province:	
Previous Last Name:		Postal Code:	
Are you over 18 years of age?		Email Address:	
Yes: <input type="checkbox"/> No: <input type="checkbox"/>		Phone (Cell):	

EMPLOYMENT BACKGROUND	
CURRENT EMPLOYER (Previous if currently unemployed)	
Position/Title:	
Supervisor's Name:	
Supervisor's Title:	
Phone Number:	
Address:	
Date of Employment	
From: DD/MM/YYYY To: DD/MM/YYYY	
Do we have permission to contact your employer for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	

QUESTIONNAIRE	
Can you legally work /volunteer in Canada?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have a Valid Driver's License?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have Valid Driver's Insurance?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have access to a vehicle?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been convicted of a criminal offense for which a pardon has not been granted? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have any outstanding charges? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Offence: _____	
Date: _____	
Location: _____	

EDUCATIONAL BACKGROUND	
High School	Highest Level Completed
College	Highest Level Completed
University	Highest Level Completed
Trade/Vocational School	Highest Level Completed
Other Training/Courses	
Career Goals:	

RELATED EXPERIENCE	
Position:	
Agency/Company:	
Supervisor's Name:	
Supervisor's Number:	
From:	
To:	
Do we have permission to contact agency/company for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	

REFERENCES	
(Please provide one personal and two professional references that we may contact)	
Please check here to confirm that we can contact the references provided below <input type="checkbox"/>	
Name: Email: Business Phone: Cell Phone:	Name: Email: Business Phone: Cell Phone:



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Name: Address: Business Phone: Cell Phone:		Name: Address: Business Phone: Cell Phone:	
How did you hear about our program?			
What other languages, if any, can you speak, read or write fluently?	Language:	Speak <input type="checkbox"/>	Read <input type="checkbox"/>
	Language	Speak <input type="checkbox"/>	Read <input type="checkbox"/>
	Language:	Speak <input type="checkbox"/>	Read <input type="checkbox"/>
AVAILABILITY			
Are you available for 4-6 on-call shifts per month? (Day Shifts 7am – 7pm, Night Shifts 7pm – 7 am) Yes <input type="checkbox"/> No <input type="checkbox"/>	Are able to attend 2 mandatory meetings a year? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you able to commit to two years of volunteer service? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you available to assist with 2 Bingo Sessions per year? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Personal Information on this form is being collected under the authority of the Police Act S. 57 (Police Services Act, S. 41 upon enactment) and will be used to assess your suitability as a volunteer with Victim Services of Windsor & Essex County. Questions about the collection and use of the information on this form should be directed to the Volunteer Coordinator at (519) 723-2711 or Toll Free at 1-888-732-6228

By signing below, I declare that all the above information is true and correct to the best of my knowledge.

I authorize Victim Services of Windsor & Essex County to circulate my name/application to members of local Police Services for internal screening purposes only.

SIGNATURE: _____

DATE: _____

Please return this application to: Victim Services of Windsor and Essex County P. O. Box 910 Essex, ON N8M 2Y2 Email: admin@vswec.ca	<i>Victim Services of Windsor & Essex County is located at the Essex Ontario Provincial Police Detachment on Manning Rd. and Highway 401</i>
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<i>OFFICE USE ONLY</i>	
Date Sent:	
Date Received:	