VICTIM SERVICES
OF WINDSOR & ESSEX COUNTY

VICTIM SERVICES OF WINDSOR & ESSEX COUNTY
VOLUNTEER FOR BINGO FUNDRAISERS

PERSONAL INFORMATION			
Last Name:		Address:	
Given Name(s):		City and Province:	
Previous Last Name:		Postal Code:	
Are you over 18 years of age? Yes: ☐ No: ☐		Email Address:	
		Phone (Cell):	

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

QUESTIONNAIRE
Can you legally work /volunteer in Canada? Yes ☐ No ☐
Do you have a Valid Driver's License? Yes ☐ No ☐
Do you have Valid Driver's Insurance? Yes ☐ No ☐
Do you have access to a vehicle? Yes ☐ No ☐
Have you ever been convicted of a criminal offense for which a pardon has not been granted? Yes ☐ No ☐
Do you have any outstanding charges? Yes ☐ No ☐ 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:	

VOLUNTEER EXPERIENCE	
Position:	
Agency/Company:	
Supervisor's Name:	
Supervisor's Number:	
From: To:	
Do we have permission to contact agency/company for reference? Yes ☐ No ☐	

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 ☐

Name: Email: Business Phone: Cell Phone:	Name: Email: Business Phone: Cell Phone:

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Name: **Email:** **Business Phone:** **Cell Phone:**	**Name:** **Email:** **Business Phone:** **Cell Phone:**
How did you hear about our program?	

AVAILABILITY

Do you have a flexible schedule and available for Bingo shifts on days, nights and weekends? **Yes** ☐ **No** ☐	**Are you able to commit to 4 Bingo Sessions per year?** **Yes** ☐ **No** ☐	**Are you able to complete the provided online Bingo training?** **Yes** ☐ **No** ☐

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: cynthiac@vswec.ca**	*Victim Services of Windsor & Essex County is located at the Essex Ontario Provincial Police Detachment on Manning Rd. and Highway 401*

OFFICE USE ONLY	
Date Sent:	
Date Received:	