

## Volunteer – Application

Strathcona County RCMP Detachment, 911 Bison Way, Sherwood Park, AB T8H 1S9

Phone 780-449-0153

Name: \_\_\_\_\_  
(Last) (First) (Middle)Name at Birth: \_\_\_\_\_  
(Last) (First) (Middle)Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Year) (Month) (Day)

Home Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you legally eligible to work in Canada? ☐ Yes ☐ NoAre you able to drive and have access to a vehicle? ☐ Yes ☐ No

Do you read, speak, or write another language, or do you have ASL?

List other skills, knowledge or resources you feel may be useful in your work with this program:

Why do you want to be a member of Victim Services?

Where did you hear about this volunteer opportunity?

- ☐ Newspaper Ad \_\_\_\_\_ (please specify)
- ☐ Online Posting \_\_\_\_\_ (please specify)
- ☐ Strathcona County Victim Services Website
- ☐ Community Event \_\_\_\_\_ (please specify)
- ☐ Presentation \_\_\_\_\_ (please specify)
- ☐ Other \_\_\_\_\_ (please specify)

List current or previous volunteer work or related experience and any organizations, civic groups, etc. to which you belong. If you are currently working as a volunteer, please state your time commitment:

Have you ever applied to another Victim Services Unit? ☐ Yes ☐ No

If yes, indicate when and where? \_\_\_\_\_

Personal information is collected under the authority of section 4(C) of the *Protection of Privacy Act* and will be used to manage and administer Strathcona County's Victim Services volunteer program. If you have questions regarding the collection, use or disclosure of this information contact Victim Services Supervisor at 780-410-4331.