

## Volunteer – Application



Name:	(Last)       (First)       (Middle)         ame at Birth:       (Last)       (First)       (Middle)         ate of Birth:       //(Month)       (Day)       (Middle)         onne Address:        Postal Code:          onne Number:       (Home)      (Work)      (Cell)          mail Address:		, Sherwood Park, AB T8H 1S9	<b>Phone</b> 780
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Date of Birth:       // (Month)       (Day)         Home Address:      Postal Code:          Phone Number:       (Home)      (Work)      (Cell)         Email Address:	ate of Birth: //	Name at Birth:	( <b>C</b> :t)	<b>( ) ( )</b>
Home Address:	borne Address:	(Last)	(First)	(Middle)
Phone Number: (Home) (Work)   Email Address: (Cell)   Email Address: (Cell)   Are you legally eligible to work in Canada? Yes   Are you able to drive and have access to a vehicle? Yes   Are 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?    Mere did you hear about this volunteer opportunity? (please specify)	hone Number: (Home) (Work)   mail Address:	Date of Birth:// (Year) (Month) (Day)	)	
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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.