



APPLICANT INFORMATION

Surname: _____ Given Name(s): _____

Address: _____ Town/City: _____ Postal Code: _____

Residence Phone: _____ Business: _____ Cell: _____
 (May we call you at work? Yes No)

E-mail Address: _____

Are you 21 years of age or older? Yes No

Are you fluent in any language, written and spoken, other than English? Yes No

If so, please identify what languages : _____

Would you be willing to interpret, if needed? Yes No

Do you have a valid driver's license? Yes No

Do you own or have access to a reliable vehicle? Yes No

Do you have a current insurance policy on your vehicle? Yes No

How did you hear about Victim Services? _____

AVAILABILITY

Victim Crisis Responders are scheduled in 2 - 12-hour shifts per month (7am – 7pm or 7pm – 7am), and work on-call as well as in the Victim Services office.

Please check all that apply to your current availability.

Weekdays Weeknights Weekend Days Weekend Nights

EDUCATION

Highest level of education completed: Grade School Secondary School College/University

Certificates or Diploma's received: _____

Relevant courses or training completed: _____

EMPLOYMENT / COMMUNITY INVOLVEMENT

Employment Experience (Last 2 Employers)

Are you currently employed? Yes No Retired

Current Employer's Name: _____

Complete Address: _____ Phone #: _____

Occupation: _____ Dates of Employment: _____

May we contact your present employer for further information and/or reference? Yes No

Previous Employer's Name: _____

Complete Address: _____ Phone #: _____

Occupation: _____ Dates of Employment: _____

May we contact your previous employer for further information and/or reference? Yes No

Volunteer Experience

1. Name of Organization: _____

Supervisor: _____ Position: _____

Number Years: _____ Date: _____

Reason for Leaving: _____

2. Name of Organization: _____

Supervisor: _____ Position: _____

Number Years: _____ Date: _____

Reason for Leaving: _____

REFERENCES – MUST be a person in authority, such as: a Supervisor, Manager, Professor or Faith-based Leader

Name: _____ Phone Number: _____

Address: _____

Affiliation: _____ Number of Years Acquainted: _____

Email Address: (If available) _____

Name: _____ Phone Number: _____

Address: _____

Affiliation: _____ Number of Years Acquainted: _____

Email Address: (if available) _____

In filling out this application, I give permission for Victim Services of Durham Region to contact the above named persons as references to ascertain my suitability as a volunteer.

I give my consent for Victim Services to conduct an RCMP National Repository Criminal Record Check and Vulnerable Sector Screening

Applicants Signature: _____ Date: _____