



Bashaw R.C.M.P. Detachment  
5017 - 52 Street, Box 248, Bashaw, AB T0B 0H0  
Phone: (780)372-3687  
Fax: (780)372-2121

## VOLUNTEER BOARD OF DIRECTORS APPLICATION

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*Please return completed application to:*  
Bashaw & District Victim Services, 5017-52 Street, Bashaw, AB T0B 0H0  
If you have any questions please call our office at 780-372-3687

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Name: \_\_\_\_\_  
Last First Middle

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

Mailing Address: (if different from above) \_\_\_\_\_

Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ WorkPh: \_\_\_\_\_

Email: \_\_\_\_\_ Length of residence in Bashaw or surrounding area: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Ph: \_\_\_\_\_

Do you know any Board Members or RCMP Members? No \_\_\_\_ Yes \_\_\_\_ (if yes list names)

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**REFERENCES:** (Excluding relatives. Preferably business or work associates.)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Availability for volunteer Board Services: 2 yrs \_\_\_\_ 4 yrs \_\_\_\_

**If you are accepted as a Board Member, what do you expect from our organization?**

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**If you are accepted as a Board member, what can we expect from you?**

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**What previous experience as a volunteer or Board Member do you possess?**

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**What are your talents, hobbies and leisure activities?**

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**The following space is provided for your comments. Please advise us of any additional information you feel we would require. All applications are subject to RCMP scrutiny and investigation.**

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I, \_\_\_\_\_ give permission to the Office of the Bashaw RCMP to obtain all information necessary to qualify me as a board member of the Bashaw & District Victim Services Program.

**ATTENTION: I acknowledge any false information given on this application will be grounds for denial of acceptance or immediate dismissal.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date