



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

## VOLUNTEER APPLICATION

If you have any questions, contact Victim Services at 780-372-3687  
Return completed application to: Bashaw & District Victim Services 5017- 52 Street, Box 248, Bashaw, AB.  
T0B 0H0

Please circle all that apply: Are you interested in volunteering as  
A **Victim Advocate** or on the Promo Committee?

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

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

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

Home PH: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Email: \_\_\_\_\_ Length of time at current Residence: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Employer: (If applicable) \_\_\_\_\_ Hours of work: \_\_\_\_\_

Drivers License #: \_\_\_\_\_

Have you ever been convicted of a criminal offence: No \_\_\_\_ Yes: \_\_\_\_ If yes, explain: \_\_\_\_\_

Education: (check all that apply): Junior High School \_\_\_\_ High School \_\_\_\_ Post Secondary \_\_\_\_

Specialized courses / training: \_\_\_\_\_

How did you learn about Victim Services: (check all that apply) \_\_\_\_\_

RCMP Member \_\_\_\_ Newspaper \_\_\_\_ Public Display \_\_\_\_ Victim Services Volunteer \_\_\_\_

Other: \_\_\_\_\_

Availability to Volunteer: (check all that apply)

Monday – Friday (day) \_\_\_ Monday – Friday (evening) \_\_\_ Weekends (day) \_\_\_ Weekends (evening) \_\_\_\_\_

List all languages you speak, read and write:

\_\_\_\_\_

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

Are you legally entitled to work in Canada? Yes \_\_\_ No \_\_\_

\_\_\_\_\_

**REFERENCES: Personal**

**Business**

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

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

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

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

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

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

How long have you known this person? \_\_\_\_\_ How long have you know this person? \_\_\_\_\_

**NOTE: References must be notified in advance of our call. Any person who has not been notified will not be used as a reference.**

Please list the organizations and associations you are currently involved with.

\_\_\_\_\_

\_\_\_\_\_

Please explain your reasons for applying to Volunteer with Bashaw & District Victim Services.

What do you hope to gain from this experience? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ give permission to the Office of the Bashaw RCMP to obtain all information necessary to qualify me as a volunteer 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 \_\_\_\_\_