



# VOLUNTEER APPLICATION

## ***General Information:***

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Given Names: \_\_\_\_\_ Surname: \_\_\_\_\_

Mail & Street Address: \_\_\_\_\_

Residential Address

Apt. # / Suite / P.O. Box #

Town

Postal Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work/Alternative Phone: \_\_\_\_\_

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

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## **How did you hear about Ah-shawah-bin Sioux Lookout/Lac Seul Victim Support Services?**

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## ***Background Information:*** *(include all skills related to victimization, justice issues and crisis intervention)*

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Education: *(include highest level completed, relevant courses or training)*

Employment: *(Most recent and any related experiences)*

Volunteer Experience and/or Community Involvement: *(if any)*

Related Skills: (eg. Cultural/Spiritual Understanding, Languages etc.)

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**Please outline why you are interested in volunteering with Ah-shawah-bin Sioux Lookout/Lac Seul Victim Support Services:**

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**Availability:** (Victim Services is a 24 hour per day, seven days per week on call service. Volunteers are required to commit to a minimum of four, 12 hour shifts per month.) **When are you available to volunteer?** (check all that apply to you)

- |           |  |   |
|-----------|--|---|
| Weekdays: | <input type="checkbox"/> 8:00am to 8:00 pm Day Shift | <input type="checkbox"/> 8:00pm to 8:00am Evening Shift |
| Weekends: | <input type="checkbox"/> 8:00am to 8:00 pm Day Shift | <input type="checkbox"/> 8:00pm to 8:00am Evening Shift |
| Other:    | <input type="checkbox"/> All the above               | <input type="checkbox"/> No Preference                  |

**Comments:**

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**\*\*References\*\*:** Please review the Reference Check Consent Form, and list three references whom you consent to have Ah-shawah-bin Sioux Lookout/Lac Seul Victim Support Services contact, to obtain reference information.

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Additional Comments: \_\_\_\_\_

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\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

**\*\*Reference Check Consent Form\*\* - attached**