

The Regional Municipality of Wood Buffalo Victim Services



VOLUNTEER ADVOCATE APPLICATION

PART A: PERSONAL INFORMATION

SURNAME:	FIRST NAME:	MIDDLE:	NICKNAME:
MAIDEN SURNAME:			
ADDRESS:			
CITY:	PROVINCE:	POSTAL CODE:	
HOME TELEPHONE:	WORK TELEPHONE:		
CELL TELEPHONE:	E-MAIL ADDRESS:		
LENGTH OF RESIDENCE IN FORT MCMURRAY:	DATE OF BIRTH (YYYY / MM / DD):		
DO YOU HAVE A VALID OPERATOR'S LICENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No	HOW DID YOU HEAR ABOUT US?		

PART B: EDUCATION AND RELATED TRAINING

NAME OF HIGH SCHOOL AND LEVEL ACHIEVED
NAME OF POST SECONDARY INSTITUTION AND LEVEL ACHIEVED
PERSONAL DEVELOPMENT TRAINING _____ _____ _____

PART C: EMPLOYMENT HISTORY

NAME, ADDRESS AND TELEPHONE NUMBER OF CURRENT EMPLOYER:	
SUPERVISOR'S NAME:	LENGTH OF EMPLOYMENT:

The personal information on this form is collected under the authority of section 33 (c) of the Alberta Freedom of Information and Protection of Privacy (FOIP) Act. The information will be used to support and process an application to be a volunteer advocate. If you have any questions regarding the collection or use of your personal information please contact the Coordinator, at Mailing Address: 9909 Franklin Avenue, Fort McMurray, Alberta, T9H 2K4, or Physical Address: 105 Paquette Drive, Fort McMurray, Alberta, T0K 0P5 or Telephone Number 780-788-4250.

PART D: GENERAL INFORMATION

LIST PREVIOUS VOLUNTEER OR RELATED EXPERIENCE:

LIST ORGANIZATIONS OR CIVIC GROUPS TO WHICH YOU BELONG:

SPECIAL SKILLS, KNOWLEDGE OR RESOURCES:

LIST LANGUAGES YOU ARE ABLE TO SPEAK, READ AND WRITE:

REFERENCES: (Name/Address/Telephone/# of years known. List if personal or professional.)

1.

2.

3.

ADDITIONAL COMMENTS:

PART E: DECLARATION

I UNDERSTAND THAT MY APPLICATION FOR WORKING AS A VOLUNTEER ADVOCATE NECESSITATES FINGER PRINTING AND A SECURITY CLEARANCE APPLICATION BY THE RCMP. I FURTHER UNDERSTAND THAT SHOULD MY PARTICIPATION IN VICTIM SERVICES BE FOUND UNSATISFACTORY BY THE MANAGEMENT OF VICTIM SERVICES OR THE RCMP, MY POSITION MAY BE TERMINATED (FOR CAUSE), AND ANY MATERIALS SUPPLIED, INCLUDING MY VICTIM SERVICES IDENTIFICATION, WILL BE IMMEDIATELY SURRENDERED.

SIGNATURE OF APPLICANT: _____ DATE: _____