

**Victim Services of Nipissing District
Volunteer Application**

Part A – General Information

Surname: Previous Surname (i.e. maiden name):	Given Names:	Residence Phone: Business Phone: Email:
Address: (All addresses in past 5 years)	Postal Code:	Is it convenient to contact you at work? Yes <input type="checkbox"/> No <input type="checkbox"/>
Birth Date:	Emergency Contact:	Spoken Languages

How did you hear about VCARS? _____

Part B – Background Information

Education

High School **College** **University** **Other Post Secondary**

Relevant Courses or Training _____

Employment (present position, related work experience): _____

Previous volunteer experience (extent of experience, skills acquired, impressions of work experience): _____

Community Involvement: _____

Recreation/Hobbies: _____

Part C – Availability

VCARS is a 24-hour, 7 day-a-week, on-call service. When are you available to volunteer?

Days

Evenings

Overnight

Weekends

Do you drive? Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver Licence Number	Do you have use of a car? Yes <input type="checkbox"/> No <input type="checkbox"/>
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How long of a commitment do you think you can make to this service? _____

Why did you choose to volunteer for VS of ND? _____

Part D – References (e.g. present employer or supervisor, clergy, teachers etc.) No personal friends or family members,

1. Name	Relationship	Telephone Home: Business:
Street Address	City	Postal Code:
2. Name	Relationship	Telephone Home: Business:
Street Address	City	Postal Code:

In making this application, I give permission to the VS of ND staff to contact those people named as my references, in order to determine my suitability as a volunteer.

Volunteer's signature _____ Date _____

Please return this completed application along with a completed Police Record Check consent form to:
Victim Services of Nipissing District
135 Princess Street West
P.O. Box 1532
North Bay, Ontario P1B 8K6