

#### **VICTIM WITNESS VOLUNTEER PROGRAM**

## **Volunteer Application Form**

General Information				
Surname:	First name:	Middle:		
Home Address:				
How long have you been a	resident of the area?			
Telephone Home:	Business:	Cell:		
Date of Birth:	of Birth: Place of Birth:			
Gender: Male Female Marital Status:				
Any/all names used since b	rth (except names given abo	ove):		
<b>Driver Information</b>				
Driver's License Number: Province of Issue:				
Do you have access to a vel	nicle: Yes No			
Are you willing to use your	vehicle for volunteer work: \	res No 🗌		
<u>Employment</u>				
Are you currently employed	l? Full time	Part time		
Where do you work?		Length of employment		
Type of employment		Supervisor		
May we contact your emplo	oyer? Yes 🔲 No 🗌			

# **Family Information**

Full name of spouse/cohabiter (any/all names u	sed):			
Date of Birth	Employed? Yes No			
Where?	Occupation			
Full names of any children/boarders residing with you				
	Date of Birth			
	Date of Birth			
	Date of Birth			
	Date of Birth			
	Date of Birth			
	Date of Birth			
Education, Training & Skills  High School Grade Completed  Other				
Do you speak, read or write any other language	s?			
Knowledge or resources that may be beneficial	to your work with the program?			
Special Skills (i.e. typing, computers, first aid, et	c.)			

# Volunteering Volunteer Background Experience Have you ever applied to any other Victim Witness Volunteer Programs? Yes \( \square\) No \( \square\) If yes, when? \_\_\_\_\_ Where? \_\_\_\_ Why do you wish to volunteer with Victim Witness? Are you willing to volunteer a minimum of 1 weekend per month? Yes ...... No ...... Are you available to volunteer weeknights? Yes No No Will you make a one-year commitment? Yes No No Will you complete the required training? Yes No No Will you attend monthly staff meetings? Yes No No What are your expectations with volunteering with Victim Witness? **Background** Have you, any family member, friend, or associate ever been involved with police? Yes No If yes, please explain:

### **References**

may contact.			
Personal:	Name		
	Phone		
	Relationship to you		_
Business:	Name		
	Phone		
	Relationship to you		_
	g		
of the Fredericton authority in the ap	nation necessary to qualify me Police Force. It is understood oproval or rejection of the app g at such a decision, will not be	that the Fredericton P plication and whose de	olice Force will have final ecision, on the criteria or
_	ist the Fredericton Police Force	= = = = = = = = = = = = = = = = = = = =	ica z i i i c i a i a i i i i i z cai
Signature of the applicant			Date
 Signatui	re of the witness		Date

Please list one personal and one business, educational or volunteer-related reference that we