

Please complete and return this form (electronically or by mail) to:

Program Coordinator
Red Deer City Victim Services Unit
4602 - 51st Avenue
Red Deer, Alberta
T4N 2N2
403.406.2345
reddeercityvsu@gmail.com



Date

Application for Volunteer Position Red Deer City RCMP Victims Services Unit

Surname Mr./Mrs./Miss/Ms. Maiden Name

Given Name Date of Birth

Middle Name(s)

Home Phone Work Phone Cell Phone

Address City/Town

Postal Code Email address

Are you presently employed? Employer (if applicable)

Are you available to work volunteer shifts:
Mornings? Afternoons Evenings Weekends

Do you have a Driver's License? Driver's License Number

Do you have prior Victim Services experience? If "Yes", provide brief details in the space below

Explain briefly why you are interested in volunteering with the Red Deer City Victim Services Unit

Are you willing to make a two-year volunteer commitment?

Able to work at least 4 3-hour shifts per month?

What skills, knowledge or abilities do you possess which may be of value?

I hereby give my consent to the Program Coordinator of Red Deer City Victim Services Unit to conduct Police and Criminal Records checks in my name using the information provided on this form.

Signature

If sent electronically, entering your name here confirms your consent