



If yes, explain: \_\_\_\_\_

12. Education: (check all that apply):

- Junior High School
- High School

- Post-Secondary
- Specialized courses / training

13. How did you learn about Victim Services: (check all that apply)

- RCMP Member
- Public Display
- Other: \_\_\_\_\_

- Newspaper
- Victim Services Volunteer

14. List all languages you speak, read and write: \_\_\_\_\_

15. Do you know any RCMP Members or Victim Services Volunteers? YES/NO  
(if yes list names)

_____	_____
_____	_____
_____	_____

16. Are you legally entitled to work in Canada? YES/NO

REFERENCES:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

Please list the organizations and associations you are currently involved with.

_____	_____
_____	_____
_____	_____

Please explain your reasons for applying to CRVSU. What do you hope to gain from this experience?

\_\_\_\_\_

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I, \_\_\_\_\_ give permission to the Office of the Drayton Valley/Evansburg RCMP to obtain all information necessary to qualify me as a volunteer of the CRVSU Program.

ATTENTION: I acknowledge any false information given on this application will be grounds for denial of acceptance or immediate dismissal.

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Signature

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Date

Oath of Confidentiality Signed: \_\_\_\_\_

Date

Oath of Ethical Conduct Signed: \_\_\_\_\_

Date

CR VSU Policy Book provided: \_\_\_\_\_

RCMP Security Screening Documents Provided: \_\_\_\_\_

Please fill out the above information and sent it to:

Box 6060  
Drayton valley, AB  
T7A 1R6

Or by e-mail to: **info@cardiumregionvictimservices.com**

Or by fax: **(780) 542 9303**