



VOLUNTEER BOARD APPLICATION

PERSONAL INFORMATION

Name: _____
(In Full) Surname First Middle(s)

Home Address: _____
Mailing Address including postal code

Home Phone: _____ Cell: _____

Birth Date: _____ Occupation: _____

Do you know any Board Member or RCMP Members? YES/NO
(if yes list names)

_____	_____
_____	_____
_____	_____

REFERENCES: (Excluding relatives, preferably business or work associates)

Name: _____ Phone: _____

Relationship: _____ How long have you known this person? _____

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AVAILABILITY FOR VOLUNTEER BOARD SERVICES:

The Cardium Region Victim Services Unit Board meets monthly. Are you able to attend monthly meetings and to assist with occasional functions? YES/NO

How did you become aware of Cardium Region Victim Services Unit?

What do you know about Victim Services?

Why would you like to become a Board Member?

What other volunteer organizations have you been/are involved in and in what capacity?

What special skills would you bring to our organization?

What do you hope to derive from being involved with our organization?

What may limit your involvement?

I give permission to CRVSU to do a criminal records background check:

Signature

Date

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