

CRISIS RESPONSE VOLUNTEER POSITION

VOLUNTEER APPLICATION

Part A: Personal Information

Surname, Given Name(s)

Address, City, Postal Code

Home Phone

Business Phone

Fax

Email

Is it convenient to call you at your place of business?

ﻯ Yes

ﻯ No

Are you nineteen (19) years of age or older?

ﻯ Yes

ﻯ No

Do you have a valid driver's license?

ﻯ Yes

ﻯ No

Do you have access to a reliable vehicle?

ﻯ Yes

ﻯ No

Please list any special skills (languages, computers, public speaking, etc.) you possess:

How did you learn about the District of Parry Sound Victim Crisis Assistance and Referral Service program?

What volunteer position are you interested in?

ﻯ Office

ﻯ On-call

ﻯ Other _____

Part B: General Information

Education

ﻯ High School

Institution and program(s) of study (if applicable):

ﻯ College

ث University

Other relevant courses or training:

ث Other _____

Related Experience - Please list all related employment and/or volunteer history, starting with most recent:

1.

Name of Employer, Position Held, Dates of Employment

Duties

2.

Name of Employer, Position Held, Dates of Employment

Duties

3.

Name of Employer, Position Held, Dates of Employment

Duties

4.

Name of Employer, Position Held, Dates of Employment

Duties

Part C: References

References cannot be family members. Educational, volunteer, or employment references are all acceptable.

1.

Name of Reference

Phone Number

Relationship

Best time to call:

ث Day

ث Evening

2.

Name of Reference

Phone Number

Relationship

Best time to call:

ث Day

ث Evening

3.

Name of Reference

Phone Number

Relationship

Best time to call:

☐ Day

☐ Evening

Part D: Notes

- A minimum one-year commitment is requested
- Volunteers are subject to a criminal records check
- A 40-hour training program is mandatory for on-call volunteers
- Acceptance into the training program does not guarantee that an applicant will be involved in crisis response provision
- Applicants will be contacted by District of Parry Sound Victim Crisis Assistance and Referral Service to arrange an interview

Applicant Signature

Date

Please submit your completed application to the District of Parry Sound Victim Crisis Assistance and Referral Service office.

Office Use Only:

Interview Date

Time

Applicant Accepted/Not Accepted (reason)

Notification of Outcome

Date

