



66 Peter Street South
Orillia, Ontario L3V 5B1

Volunteer Application Form

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| Part A – General Information | Date (D/M/Y) |
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| Mr. Miss Mrs. Ms. | Surname: | Given Names: |
|------------------------------------|----------|--------------|

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|----------|--------------|
| Address: | |
| City: | Postal Code: |

| | |
|------------------------|----------------------------|
| Home Telephone Number: | Business Telephone Number: |
| Cell Phone Number: | Email: |

| | |
|---|---|
| Is it convenient to call you at work? Yes <input type="checkbox"/> No <input type="checkbox"/> | Are you 21 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/> |
|---|---|

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| Spoken Languages: |
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| How did you hear about North Simcoe Victim Services (NSVS)? |
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| Why did you choose to volunteer for NSVS? |
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| Part B – Background Information |
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| Community Involvement and Volunteer Experience (extent of experience, skills acquired, impressions of work experience) |
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| Education/Training (include any volunteer training, workshops, etc.) |
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Employment (present position, related work experience):

Part C - Availability

NSVS is a 24-hour, 7-day a week service. Can you realistically commit to the program for a least one year?

Yes No

Do you Drive?

Yes No

Driver's license Number:

Do you have use of a reliable car?

Yes No

Part D – References

Please list one family member plus two other people who know you well.

| | | |
|-----------------|---------------|--------------------------------|
| 1. Name | Relationship: | Phone: |
| Street Address: | City | Business Phone: Postal Code |
| 2. Name | Relationship: | Phone: |
| Street Address: | City | Business Phone: Postal Code |
| 3. Name | Relationship: | Phone: |
| Street Address: | City | Business Phone: Postal Code |

In making this application, I give North Simcoe Victim Services permission to contact those person named as my references after completion of an interview, in order to ascertain my suitability as a volunteer. In addition, I give my consent to NSVS to conduct a Canadian Police Information Centre check and a Vulnerable Sector Screening.

I hereby certify that all information included in this application form is true and complete.

Volunteer's Signature _____

Date _____