

Greater Victoria Police
Victim Services
 Volunteer Application Form

Thank you for your interest in volunteering with Victim Services. Please read the Program Information document and the volunteer position description before completing this application form.

In order for your application to be considered, include all requested information as outlined in the Program Information document.

PERSONAL INFORMATION

(Please print clearly)

Last name	First name	Middle initial
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The name you go by: _____

I am 19 years of age or older: YES NO

Home Address and Postal Code

Phone (h): _____ Phone (w): _____

Cell: _____ Email: _____

Which phone number can we be sure to contact you with? _____

Valid Class 5 BC Driver's License and date of issue: _____

I attended an information session: Yes No

I am able to be understood in spoken English (accents are okay)

(Not very well) 1 2 3 4 5 (Very well)

I am able to write and be understood in English:

(Not very well) 1 2 3 4 5 (Very well)

Other languages you speak well: _____

AVAILABILITY (please check all that apply)

Shift	Monday	Tuesday	Wednesday	Thursday	Friday
9:00AM – 12:00PM					
12:00PM – 3:00PM					
2:00PM – 5:00PM					
5:00PM – 8:00PM					

VOLUNTEER HISTORY

1. Have you applied to be a volunteer with Greater Victoria Police Victim Services in the past?

YES NO

If YES, when? _____

2. Have you applied to be a volunteer with any other Victim Services program?

YES NO

If YES, when? _____

3. Please list all organizations with whom you have volunteered in the past 10 years (start with most recent).

Name of Organization	Volunteer Position	Year started & ended	Contact name	Contact phone & Email

Has anyone you are living with or any family member ever had any dealings with the police?

YES NO

If YES, please explain:

The information I have provided in this application form is true and accurate to the best of my knowledge. I understand that should I not be successful in my application to volunteer with Victim Services my application and all relating documents will be destroyed.

Signature of Applicant

Date



Victim Services

Working with police to help crime and trauma victims

Police Records Check and Building Access Clearance

In order to obtain a volunteer Victim Service Worker position with Greater Victoria Police Victim Services (GVPVS), I understand that a successful Police Records Check is a condition of being accepted as a volunteer Victim Service Worker with GVPVS.

I also understand that only I will have access to the results of my Police Record Check and it is up to me to determine whether or not I will disclose the results to GVPVS. I understand that failure to disclose the results to GVPVS may result in not being accepted as a volunteer Victim Service Worker.

The Police Records Check may not be completed in time before the training program begins, and although I may be accepted into the program and have begun training, should the Police Records Check not be successful, I understand that I may be asked to leave the program.

Following a successful Police Record Check, I understand that I will then need to submit to a Building Access Clearance by the Victoria Police Department. I understand that the Victoria Police Department reserves the right not to disclose reasons resulting in a denial of a Building Access Clearance.

The Police Departments or RCMP Detachments of the Greater Victoria area will:

- inquire and determine whether or not I am being investigated or have ever been investigated, charged or convicted of a criminal offence;
- obtain a full and complete disclosure of all facts uncovered which will include a check on my driving record;
- make inquiries that include stay of proceedings, Peace Bonds or other non-conviction information; and
- make inquiries that may include information related to adverse contact with police including occurrences where no charges were laid, Mental Health Act occurrences and provincial statutes.

By signing this form, I hereby have read and understand the above information on Police Records Checks and Building Access Clearance regarding my application to be a volunteer Victim Services Worker with Greater Victoria Police Victim Services.

Name of applicant (please print)

Signature of applicant

Date: _____

Copy to applicant/original for office file