



*Assisting Victims of Crime & Trauma in Partnership with the RCMP*

**PEACE REGIONAL VICTIM SERVICES**

**VICTIM SUPPORT WORKER**

**APPLICATION FORM**

Please return to your local RCMP Detachment or forward to

Peace Regional Victim Services  
Bag 500, 9200 - 99 Street  
Peace River, Alberta T8S 2A4

If you have any questions about the form, please call (780) 624-6626

**PLEASE PRINT YOUR ANSWERS**

1. \_\_\_\_\_  
Last Name First Name Middle Name

2. \_\_\_\_\_  
Street Address or Box # Town Postal Code

3. Telephone # (h) \_\_\_\_\_ (w) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail Address \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_

5. Do you have use of a vehicle? Yes \_\_\_ No \_\_\_ Driver's Licence #: \_\_\_\_\_

6. Have you ever been charged with a criminal offence? Yes \_\_\_ No \_\_\_  
If yes, please explain \_\_\_\_\_

7. Are you currently: Employed \_\_\_\_\_ Unemployed \_\_\_\_\_ Student \_\_\_\_\_  
Business Name (if employed) \_\_\_\_\_

Current Hours of Work: \_\_\_\_\_

8. Can we contact you at work? Yes \_\_\_ No \_\_\_

9. Languages spoken: \_\_\_\_\_

10. **Education (training in this area is not a prerequisite)**

High School Grade Completed: \_\_\_\_\_

Post Secondary (name of institution and area of specialization)

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Training / Workshops: \_\_\_\_\_

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11. List any current/previous volunteer experience:

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12. How did you hear about Victim Services? \_\_\_\_\_

13. List organizations, associations or groups to which you belong

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14. Why do you want to be a volunteer with Victim Services? \_\_\_\_\_

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15. What skills, knowledge or experience do you have that would benefit the program?

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16. List any special skills that you have (e.g. organizational, computer, public speaking, First Aid, working with the elderly) etc.)

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17. How do you expect to benefit from volunteering as a Support Worker? \_\_\_\_\_

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18. An RCMP Security Clearance will be required to enable you to work as a Support Worker. Are there any reasons why you might not pass it?

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19. Do you anticipate having any personal situations (children, work, etc.) which would

interfere in your ability to be on immediate call out status? \_\_\_\_\_

\_\_\_\_\_

20. **Training:** In order to become a Victim Support Worker you must complete the mandatory core on-line training as per Alberta Solicitor General and the Alberta Police Based Victim Services Association.

**REFERENCES:** Business, Educational, Volunteer Related or Personal  
(Do not include family members)

1. Name/Address \_\_\_\_\_

\_\_\_\_\_

Phone # (h) \_\_\_\_\_ (w) \_\_\_\_\_

2. Name/Address \_\_\_\_\_

\_\_\_\_\_

Phone # (h) \_\_\_\_\_ (w) \_\_\_\_\_

3. Name/Address \_\_\_\_\_

\_\_\_\_\_

Phone # (h) \_\_\_\_\_ (w) \_\_\_\_\_

**References must be notified in advance of our call. Anyone who has not been notified will NOT be used as a reference.**

*I declare that the information contained in this application is complete and true to the best of my knowledge and that a false statement may disqualify my application from further consideration.*

*I give permission to Peace Regional Victim Services to contact the references named on this application.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_