



Eastern Alberta Regional Victim Services

5133 50th Avenue, St. Paul, AB T0A 3A0

P: 587-487-2505

E: info@earvss.ca

Please list any organizations and associations you are currently involved with, or have been in the past: _____

Hours of availability: (check all that apply)

- Monday – Friday (evening 6pm – 6am) _____
- Monday – Friday (day 6am – 6pm) _____
- Weekends (day 6am - 6pm) _____
- Weekends (evening 6pm – 6am) _____

List all languages you speak, read, and write: _____

Do you know any RCMP Members or Victim Services Volunteers? YES NO (if yes list names)

Please explain your reasons for applying to volunteer with Alberta Regional Victim Services Society.

What do you hope to gain from this experience? _____

Any additional information: _____



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I, _____ give permission to the Alberta Regional Victim Serving Society, and the RCMP to obtain all information necessary to qualify me as a volunteer of the Alberta Regional Victim Serving Society Volunteer Program.

ATTENTION: I acknowledge any false information given on this application will be grounds for denial of acceptance or immediate dismissal.

Signature

Date

Please Provide 3 References (1 must be business):

1. Name: _____ Phone: (_____) _____

Relationship to applicant, (business associate, employer, personal friend) _____

Known for how long: _____

2. Name: _____ Phone: (_____) _____

Relationship to applicant, (business associate, employer, personal friend) _____

Known for how long: _____

3. Name: _____ Phone: (_____) _____

Relationship to applicant, (business associate, employer, personal friend) _____

Known for how long: _____

