



VOLUNTEER ADVOCATE APPLICATION

Office Only: Date Received: Interview Date: References checked:

Applying for (check all that apply):

Emergency Advocate Court Advocate Community & Cultural Advocate Community Events

Name: Last First Middle

Maiden Name and/or Previously Used Surnames:

Address:

Mailing Address: (if different from above)

Home Ph.: Cell Ph:

Email: Length of time at current residence:

Employer: (If applicable) Work Ph:

Date of Birth: yyyy/mm/dd: Are you legally entitled to work in Canada?

Do you have a valid Alberta Driver's License? YES NO Operator #:

Have you ever been convicted of an offence in violation of the Criminal Code of Canada which you have not received a pardon? YES NO If YES, please explain:

Specialized courses/training:

How did you learn about Victim Services: (check all that apply)

RCMP Member Newspaper Public Display Victim Services Volunteer

Website: Other:



**Eastern Alberta Regional Victim Services**  
5133 50<sup>th</sup> 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:** \_\_\_\_\_

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**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)

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

**What do you hope to gain from this experience?** \_\_\_\_\_

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**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.**

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Signature

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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: \_\_\_\_\_