



COLD LAKE VICTIM SERVICES

4710 – 55th Street, Cold Lake, Alberta T9M 1N4

Office: 780-594-3302 ext #3

ADVOCATE APPLICATION

Part A - Personal Information:

Name			
Address			
City/Town		Province:	
Phone	Home:	Cell:	Business:
Birth Date:	Year/Month/Day	Place of Birth:	
Email:			
Length of residence in Cold Lake:			
Do you have a valid driver's licence: Yes: ____ No: ____			
Do you have access to a vehicle? Yes: ____ No: ____			

Part B - Education and Related Experience:

Name of High School & level achieved:
Name of Post-secondary Institution and level achieved:
Personal Development Training:

Part C - Education and Related Experience:

Are you presently employed? Yes: ____ No: ____	
Employer:	
Position:	How Long:
Supervisor:	

Part D - General Information:

Please list previous volunteer or related experience:

Please list any special courses or skills you have which may be relevant to the job:

Special skills, knowledge or resources:

Why do you want to be a member of the Victim Support Unit?

References:

1. Name: _____ **Relationship:** _____

Address: _____

Telephone: Home: _____ **Work:** _____

2. Name: _____ **Relationship:** _____

Address: _____

Telephone: Home _____ **Work:** _____

3. Name: _____ **Relationship:** _____

Address: _____

Telephone: Home _____ **Work:** _____

PART "E": DECLARATION

I Understand that my application for working as a volunteer Advocate necessitates a criminal record check by the RCMP. I further understand that should my participation in Victim Services be found unsatisfactory by the management of Victim Services or the RCMP, my position may be terminated (for cause), and any materials supplied, including my Victim Services Identification, will be immediately surrendered.

SIGNATURE OF APPLICANT _____

DATE: _____