



VOLUNTEER APPLICATION

General Information:

Given Names: _____ Surname: _____

Mail & Street Address: _____
Residential Address Apt. # / Suite / P.O. Box #

_____ Town Postal Code

Home Phone: _____ Cell Phone: _____

Work/Alternative Phone: _____

Email Address: _____

How did you hear about Ah-shawah-bin Sioux Lookout/Lac Seul Victim Support Services?

Background Information: *(include all skills related to victimization, justice issues and crisis intervention)*

Education: *(include highest level completed, relevant courses or training)*

Employment: *(Most recent and any related experiences)*

Volunteer Experience and/or Community Involvement: *(if any)*

Related Skills: (eg. Cultural/Spiritual Understanding, Languages etc.)

Please outline why you are interested in volunteering with Ah-shawah-bin Sioux Lookout/Lac Seul Victim Support Services:

Availability: (Victim Services is a 24 hour per day, seven days per week on call service. Volunteers are required to commit to a minimum of four, 12 hour shifts per month.) When are you available to volunteer? (check all that apply to you)

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- Weekdays: 8:00am to 8:00 pm Day Shift 8:00pm to 8:00am Evening Shift
- Weekends: 8:00am to 8:00 pm Day Shift 8:00pm to 8:00am Evening Shift
- Other: All the above No Preference

Comments:

Additional Comments: _____

Volunteer Signature

Date