



Rainy River District Victim Services Program

VOLUNTEER APPLICATION FORM

PO box 683, 334 Scott Street
Fort Frances, ON P9A 3M9

General Information

First Name:	Last Name:
Address & Postal Code:	Email:
Phone Number:	Alternate Phone Number:

How did you hear about RRDVSP?
Outline why you are interested in volunteering with RRDVSP:

Background Information

Include all skills, experiences and interests related to victimization, justice issues and crisis intervention, if applicable. (Resumes can also be attached)
Education:
Employment:
Volunteer Experience/Community Involvement:
Related Skills (ie: Languages, Sign Languages, etc.)

I understand I will be working closely with community Police Officers, Fire and EMS personnel. If I am selected as a volunteer with RRDVSP, I agree to sign a confidentiality agreement and meet the following requirements with the understanding that this program is available 24/7:

1. I will attend training sessions as required and **will not miss more than 3 hours of training.**
2. I will attend monthly volunteer meetings at which professional development is continued.
3. I agree to submit to an enhanced police security check.
4. I agree to make a commitment to stay with the service for at least one year.
5. I will have access to a car on the days that I am on call.
6. I will accept the responsibility for the care and use of a pager and or phone.

Availability

RRDVSP is a 24/7 on call service. When are you available to volunteer? Indicate all that apply. Shifts are from 7 am to 7 pm and then again form 7 pm to 7 am, volunteers work from their home and only need to go to the scene when requested.

DAYS ___ EVENINGS ___ NIGHTS ___ WEEKDAYS ___ WEEKENDS ___

ANYTIME ___ or other, explain: _____

References

List three references you authorize RRDVSP to contact for the purpose of obtaining reference information in connection with your application for the volunteer position that you are applying.

Name	Organization	Position Title	Contact Ph #

Verification Statement

I certify that all information included in and attached to this application form is true and complete. I understand that providing false information is grounds for immediate disqualification or dismissal.

I authorize Rainy River District Victim Services Program (RRDVSP) to request a reference from the three above listed references in connection with my application to become a RRDVSP volunteer.

I understand that the Police Services will have the final authority in providing or disallowing this application. The method of arriving at such a decision is not subject to disclosure and I will bear no grievance against the Police Services and/or Rainy River District Victim Services Program.

Volunteer (Print Name)

Volunteer (Signature)

Date

Completed Form and Fax or Mail to the address below.

PO box 683, 334 Scott Street
Fort Frances, ON P9A 3M9
Fax: (807) 274-5690

Together we can make a difference!