



ADVOCATE APPLICATION

Date Submitted: _____ (Please attach a resume to this application)

Full Name: _____

Mailing Address: _____

Telephone: Home: _____
Work: _____
Cell: _____

Date of Birth: _____

E-Mail Address: _____

Are you currently employed: Yes: _____ No: _____ Length of employment: _____

Employer: _____ Position: _____

May we contact your employer: Yes: _____ No: _____

Languages spoken: _____

Education and Training:

College/University: _____

Diploma/Degree: _____ Years: _____

Other education qualifications: _____

Please describe any volunteer or work experience that may be relevant to this position:

Do you a valid Alberta Driver's License? Yes: _____ No: _____
Do you have access to a vehicle? Yes: _____ No: _____

List any related clubs or organizations you currently belong to or have belong to:

Please tell us why you wish to volunteer for this program: _____

References:

1. Name: _____ Relationship: _____
Address: _____
Telephone: Home: _____ Work: _____

2. Name: _____ Relationship: _____
Address: _____
Telephone: Home _____ Work: _____

3. Name: _____ Relationship: _____
Address: _____
Telephone: _____ Work: _____

Declaration:

I understand and agree that as part of my application process to be a victim advocate with the Bow Valley Victim Services Association (BVVSA), the RCMP will be conducting a security screening as per the guidelines set up by the Treasury Board of Canada's form TBS 330-23.

By signing this form I agree that the above noted references can be contacted by a duly appointed representative of the BVVSA and/or the RCMP. I agree that should my participation in the above mentioned program be found unsatisfactory by the BVVSA's Executive Director and /or the RCMP, for cause, my volunteer position may be terminated and all materials including my identification will be surrendered. I further understand that any false information provided will result in the rejection of my application.

Signature of applicant: _____