





b) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_

c) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_

15. Would you object to a representative of the Police Service checking your references? \_\_\_\_\_ Yes, \_\_\_\_\_ No

16. How did you hear about the Victim Services Unit? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Are you able to commit yourself to donating a minimum of two to three (3) hours per week, for a six (6) month period? \_\_\_\_\_ Yes, \_\_\_\_\_ No

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

18. Please indicate the hours and days of the week, that you are available to volunteer?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Will you be able to attend training sessions as required? \_\_\_\_\_ Yes, \_\_\_\_\_ No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

20. PLEASE SUBMIT RESUME OF WORK HISTORY AND PERSONAL HISTORY.