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## VICTIM SERVICES WELLINGTON Volunteer Application

### PART A: PERSONAL INFORMATION

Surname _____		Given Name(s) _____	
Address _____		City _____	Postal Code _____
Home Phone _____	Business Phone _____	Fax _____	Email _____
Is it convenient to call you at your place of business?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you 20 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Valid Driver's Licence	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Access to Vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Please list special skills:(languages, computers, public speaking etc.) _____
How did you learn about the Victim Services program? _____
Volunteer work desired? <input type="checkbox"/> In-office <input type="checkbox"/> On-call <input type="checkbox"/> Other _____

**PART B: GENERAL INFORMATION**

**EDUCATION**

High School

College

University

Institution \_\_\_\_\_ and \_\_\_\_\_ program(s) \_\_\_\_\_ of \_\_\_\_\_ study \_\_\_\_\_ (if applicable): \_\_\_\_\_

Other Relevant Courses or Training: \_\_\_\_\_

**EMPLOYMENT: Please list employment history starting with the most recent (optional)**

Name of employer \_\_\_\_\_ Position held \_\_\_\_\_ Dates of employment \_\_\_\_\_

Brief description of duties: \_\_\_\_\_

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Name of employer \_\_\_\_\_ Position held \_\_\_\_\_ Dates of employment \_\_\_\_\_

Brief description of duties: \_\_\_\_\_

**VOLUNTEER BACKGROUND: Please list volunteer history starting with the most recent**

Name of organization \_\_\_\_\_ Dates of Service \_\_\_\_\_

Brief description of duties: \_\_\_\_\_

Name of organization \_\_\_\_\_ Dates of Service \_\_\_\_\_

Brief description of duties: \_\_\_\_\_

**PART C: REFERENCES**

**Please list other than family members; eg. Educational, Volunteer or Employment)**

1. Name: _____ Phone: _____ Best time to call: <input type="checkbox"/> DAY <input type="checkbox"/> EVENING Relationship: _____
2. Name: _____ Phone: _____ Best time to call: <input type="checkbox"/> DAY <input type="checkbox"/> EVENING Relationship: _____

**NOTE:** A one year commitment is requested  
Volunteers are subject to a criminal records check.  
A 40-hour training program is mandatory for direct service on-call volunteers.  
Acceptance into the training program does not guarantee that an applicant will be involved in direct service provision.  
Applicants will be contacted within several weeks to arrange an interview.

\_\_\_\_\_  
Applicant Signature Date

**Please submit this application to the address indicated**

<b>OFFICE USE ONLY</b>	
INTERVIEW DATE AND TIME: _____	
APPLICATION	<input type="checkbox"/> Accepted <input type="checkbox"/> Not accepted Reason _____
NOTIFICATION OF OUTCOME:	yes no _____ DATE