



5211-50th Ave,
Lacombe, AB
T4L 1E8
Phone (403)782-3279
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VOLUNTEER **ADVOCATE** / **BOARD** APPLICATION
(Check which you are applying for)

Name (in full): _____
Surname Given Middle(s)

Maiden Name/ or Previously Used Surnames: _____

Address: _____
Street / or Legal Land Description Mailing Address including postal code

E-Mail Address: _____ Length of time in this area: _____

Home Phone: _____ Cell: _____

Birth Date: _____ Place of Birth: _____

Marital Status: _____ Spouse's Name: _____

Do you have a valid Alberta Driver's License? YES / NO

Operator Number: _____

Has your license ever been suspended or revoked? YES / NO

Emergency Contact: _____

Have you ever been convicted of criminal offence? YES / NO

If yes, please explain: _____

Education: (check all that apply):

- Junior High Post-Secondary High School Specialized Courses/Training

Employment Status: _____

- Employed Full Time Employed Part Time Self Employed Retired

How did you learn about Victim Services: (check all that apply)

- Lacombe Police Member Newspaper Public Display Website Victim Services Volunteer

Other: _____

List all languages you speak, read, and write: _____

Do you know any LPS Members or Victim Services Volunteers? Yes / No (If yes list names) _____

Are you legally entitled to work in Canada? Yes / No

REFERENCES (Personal, Business or Volunteer Related):

Name: _____ Relationship: _____

Phone: _____ How long have you known this person? _____

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Phone: _____ How long have you known this person? _____

Please list the organizations and associations you have previously volunteered with or are currently involved with:

Explain your reasons for applying to Lacombe Victim Services. What do you hope to gain from this experience? _____

What abilities and/or training do you feel you possess that would benefit to our program? _____

Commitment and dedication to all roles and responsibilities outlined in the volunteer job description is required to ensure the success of our Program

I, _____ give permission to Lacombe Victim Services to obtain all information necessary to qualify me as a volunteer of the LVS VSU Program.

ATTENTION: I acknowledge any false information given on this application will be grounds for denial of acceptance or immediate dismissal.

Signature of applicant

Date