

Please complete and return this form (electronically or by mail) to:

Co-ordinator  
Red Deer City RCMP Victim Services Unit  
4602 - 51 Avenue  
Red Deer, AB.  
T4N 2N2  
403.406.2345  
rdcvsu@telus.net

Date

## Application for Volunteer Position Red Deer City RCMP Victims Services Unit

Surname  Mr./Mrs./Miss/Ms.  Maiden Name

Given Name  Date of Birth

Middle Name(s)

Home Phone  Work Phone  Cell Phone

Address  City/Town

Postal Code  Email address

Are you presently employed?  Employer (if applicable)

Are you available to work volunteer shifts:  
Mornings?  Afternoons  Evenings  Weekends

Do you have a Driver's License?  Driver's License Number

Do you have prior Victim Services experience?  If "Yes", provide brief details in the space below

Explain briefly why you are interested in volunteering with the Red Deer City Victim Services Unit

Are you willing to make a two-year volunteer commitment?

Able to work at least 4 3-hour shifts per month?

What skills, knowledge or abilities do you possess which may be of value?

I hereby give my consent to the Coordinator, Red Deer City Victim Services Unit, to conduct Police and Criminal Records checks in my name using the information provided on this form

Signature

If sent electronically, entering your name here confirms your consent