



## VOLUNTEER APPLICATION FORM

Kenora Regional Office  
18-308 2<sup>nd</sup> Street S, Kenora ON, P9N 1G4

### General Information

First Name:	Last Name:
Address & Postal Code:	Email:
Phone #	Alternate Phone #:

How did you hear about Sunset Area VCARS?
Outline why you are interested in volunteering with our program:

### Background Information

Include all skills, experiences and interests related to victimization, justice issues and crisis intervention, if applicable. (Resumes can also be attached)
<b>Education:</b>
<b>Employment:</b>
<b>Volunteer Experience/Community Involvement:</b>
<b>Related Skills (ie: Languages, Sign Languages, etc.)</b>

**I understand I will be working closely with community Police Officers, Fire and EMS personnel. If I am selected as a volunteer with Sunset Are VCARS/Victim Services I agree to sign a confidentiality agreement and meet the following requirements with the understanding that this program is available 24/7:**

Upon being selected as a volunteer, we ask that you are able to commit to the following:

1. Complete the online training sessions as required and will attend the in class training
2. Attend volunteer meetings at which professional development is continued.
3. Participate in a vulnerable sector security check at no charge to me
4. Make a commitment to the organization, to volunteer for a one year period minimum

**Availability**

We ask that volunteers make themselves available for a minimum of 4 (12 hour) shifts per month. We are respectful to the responsibilities and other commitments of our volunteers when scheduling. Volunteer shifts begin at 9am-9pm or 9pm-9am. We ask that volunteers are ready and able to respond to crisis calls during their scheduled time.

**References**

List two references you authorize Sunset Area VCARS to contact for the purpose of obtaining reference information in connection with your application for the volunteer position that you are applying.

Name	Organization	Position Title	Contact Ph #

## Verification Statement

**I certify that all information included in and attached to this application form is true and complete. I understand that providing false information is grounds for immediate disqualification or dismissal.**

**I authorize Sunset Area VCARS to request a reference from the above listed references in connection with my application to become a Crisis Volunteer.**

**I understand that the Police Services will have the final authority in providing or disallowing this application. The method of arriving at such a decision is not subject to disclosure and I will bear no grievance against the Police Services and/or Sunset Area VCARS.**

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**Volunteer (Print Name)**

\_\_\_\_\_

**Volunteer (Signature)**

\_\_\_\_\_

**Date**

**Complete Form and Email, Fax or Drop off**

**18-308 Second Street South  
Kenora On, P9N 1g4**

**[ksavcars@kmts.ca](mailto:ksavcars@kmts.ca)**

**Fax: 807-467-8354**

**Toll Free: 1-877-467-2815**