



VOLUNTEER CRISIS RESPONDER APPLICATION FORM

Name: _____ Date of Birth (y)_____(m)_____(d)_____

Address: _____

Home Phone #: _____ Work Phone #: _____ Cell #: _____

Best time to call: Days Evenings

Email Address: _____

Where did you hear about Muskoka Victim Services? _____

Why do you want to volunteer with Muskoka Victim Services? _____

Previous Volunteer/Community Experience: _____

Languages spoken: English French Other: _____

Special Skills: _____

Education Training (Please include any volunteer training, workshops, etc.) _____

Employment: _____

Do you have a criminal record? Yes No

You must provide a Vulnerable Sector Check.

Will this present a problem? Yes No

Muskoka Victim Services is a 24 hour, 7 days per week service. We require a one-year commitment with a minimum of 3-12 hour shifts per month. Shift times are 6 A.M. to 6 P.M. and 6 P.M. to 6 A.M. We also meet for regular Victim Crisis Responder training meetings.

Are you able to meet this requirement? Yes No

Do you drive? Yes No Do you have use of a vehicle? Yes No

Driver's License #: _____ Name of insurer: _____

References:

Please provide two references: (other than family members: i.e. employer, teacher, clergy)

Name: _____ Relationship: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Name: _____ Relationship: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

I give permission to Muskoka Victim Services to contact those persons named as my references, in order to ascertain my suitability as a volunteer.

Signature: _____ Date: _____

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|-----------------------------|------------------------------------|-------------------------------------|-------------------------------------|
| FOR OFFICE USE ONLY: | <input type="checkbox"/> VSC | <input type="checkbox"/> Checked | <input type="checkbox"/> Returned |
| | <input type="checkbox"/> INTERVIEW | <input type="checkbox"/> REFERENCES | <input type="checkbox"/> COMMITMENT |