



# ADVOCATE APPLICATION

Date Submitted: \_\_\_\_\_ (Please attach a resume to this application)

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: Home: \_\_\_\_\_  
Work: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Are you currently employed: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Length of employment: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Languages spoken: \_\_\_\_\_

### Education and Training:

College/University: \_\_\_\_\_

Diploma/Degree: \_\_\_\_\_ Years: \_\_\_\_\_

Other education qualifications: \_\_\_\_\_

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Please list any skills which may be relevant to this position: \_\_\_\_\_

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Do you drive? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Driver's Licence Number: \_\_\_\_\_  
Do you have access to a vehicle? Yes: \_\_\_\_\_ No: \_\_\_\_\_

List clubs or organizations you currently belong to or have belong to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please tell us why you wish to volunteer for this program: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

References:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: Home \_\_\_\_\_ Work: \_\_\_\_\_
3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Work: \_\_\_\_\_

Declaration:

I understand and agree to a criminal record check by the RCMP as part of my application to the Bow Valley Victim Services Association. I agree that should my participation in the above mentioned program be found unsatisfactory by the program director or the RCMP, for cause, my membership may be terminated and all materials including my identification will be surrendered. I further understand that any false information provided will result in the rejection of my application.

Signature of applicant: \_\_\_\_\_