

VICTIM SERVICES OF YORK REGION

16775 Yonge St., Unit 200B

Newmarket, ON L3Y 8J4

Tel (905) 953-5363

Fax (905) 954-1057

VOLUNTEER PROFILE FORM

PART A – GENERAL INFORMATION			
Surname	Given Name	Date	How did you hear about us?
Address		City	Postal Code
Date of Birth / (Month / Day only)	Residence Telephone	Business Telephone (if calls can be accepted at workplace)	Cellular Telephone
E-mail Address	Driver's License Number	Language (s) Spoken	
In case of Emergency, please contact:	Applicant's Relationship to Contact:	Emergency Contact's Number(s):	
PART B – BACKGROUND INFORMATION (please attach a resume)			
Education (explanation of academic background and any relevant courses or training) _____ _____			
What life experiences have you had that could be useful when volunteering with this service? _____ _____			
Why, at this particular time in your life, have you chosen to volunteer with Victim Services? _____ _____			
Employment (present position and related work experience) _____ _____			
PART C – POSITION INTERESTS			
What areas of Victim Services' Volunteer Program might you be interested in participating?			
<input type="checkbox"/> Administration - weekdays (typing, filing, computer work at Victim Services office)	<input type="checkbox"/> Project Development – various hours (committee work & meetings)	<input type="checkbox"/> Membership on the Board of Directors for Victim Services of York Region – various hours	
<input type="checkbox"/> Victim Response (responding on-scene to assist clients)	<input type="checkbox"/> Team Leader (handles referrals from police & dispatches volunteer to the scene)	<input type="checkbox"/> Secondary Support (offering clients telephone support & information)	
PART D – AVAILABILITY			
<input type="checkbox"/> Every Wednesday 6:30-9:30pm & every Saturday 9am-5pm for 6 weeks.			

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The Victim Response, Team Leader & Secondary Supports are 24-hour, 7 day a week, on-call services. Volunteers choose their own shifts depending on monthly shift availability on the schedule. What shifts would you prefer to sign up for, if available?

<input type="checkbox"/> WEEKNIGHTS (7:00 P.M. – 7:00 A.M.)	<input type="checkbox"/> WEEKDAYS (7:00 A.M. – 7:00 P.M.)	<input type="checkbox"/> WEEKEND DAYS (7:00 A.M. – 7 P.M.)	<input type="checkbox"/> WEEKEND NIGHTS (7:00 P.M. – 7:00 A.M.)
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PART E – REFERENCES (*three are required*)

1. Employer (current or last employer)	Supervisor (current or last supervisor)	Telephone Number (s)
Address	City	Postal Code
2. Co-Worker/School Colleague/Peer/	Relationship	Telephone Number (s)
Address	City	Postal Code
3. Volunteer or Student Placement Supervisor (current or last)/Family Member/Friend/Religious	Relationship	Telephone Number (s)
Address	City	Postal Code

In making this application, I give permission to Victim Services of York Region to contact any person(s) named as a reference to ascertain my suitability as a volunteer with the Victim Services of York Region program.

Victim Services of York Region is a non-profit community agency working in partnership with the York Regional Police Service (Y.R.P.) and the Ontario Provincial Police in Aurora (O.P.P.) to provide short-term emotional support and practical assistance to people who have been victimized by crime, tragic circumstances and disaster. Community Volunteers are on-call to the Y.R.P. and O.P.P. 24-hours a day, 7-days per week. With consent obtained from the client, the attending police officer requests the assistance of volunteers to provide emotional support and practical assistance. Victim Services volunteers may be called upon to assist in numerous situations including: Spousal Abuse, Sexual Assault, Theft, Homicide, Suicide, Motor Vehicle Collisions and many more.

The objective of Victim Services of York Region is to lessen the trauma of being victimized, to help the client cope with the impact of crime and/or tragic circumstance, and to encourage the client to connect with other community services.

I hereby declare that the foregoing information that I have provided is true and complete to my knowledge. I understand that a false statement may disqualify me from volunteer training or result in my dismissal.

Signature: _____ Date: _____