



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 meetings (all dates scheduled one year in advance).

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: _____

FOR OFFICE USE ONLY:

VSC Checked Returned
 INTERVIEW REFERENCES COMMITMENT