



Edmonton Police Service
VICTIM SERVICES UNIT
Volunteer Application / Pre-Screening Form

Application Received

YYYY / MM / DD

Thank you for considering a role with the Edmonton Police Service. Please submit this Application / Pre-Screening Form *along with two letters of reference* to your local divisional station. The information you provide on this form is used for security / pre-screening purposes. All information provided will be kept confidential and only viewed by those processing your application. See Page 3 for instructions on submitting your application.

Surname	First Name in Full	Middle Name in Full	Date of Birth YYYY / MM / DD	Gender <input type="checkbox"/> F <input type="checkbox"/> M
Maiden Name (if applicable)				
Home Address		City/Town	Postal Code	
Home Phone Number	Work Phone Number	Cellular Phone Number		
E-mail Address		Length of Residence in Edmonton		
Emergency Contact Person Name	Phone Number	Relationship		
Are You Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Company Name			
Position	Length of Employment			
Do You Have a Valid Operators License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Operators License Number			
Do You Have Use of a Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, License Plate Number			
Educational History School / University	Grade			
Specialization (include copies of certification)				
Other Training				
What Languages Do You Speak?				
Other skills, knowledge or resources you feel may be useful in your work with the program:				

Have you ever applied for a position with or been a volunteer of the Edmonton Police Service?
 Yes No If yes, when and where?

Have you previously volunteered with any other agency?
 Yes No If yes, when and where?

Do you know any Members of the Edmonton Police Service or Victim Services Unit Volunteers?
 Yes No If yes, please list names:

List current volunteer work or related experiences and any organizations, civic groups, etc. to which you belong:

Availability to Volunteer

Weekday Mornings, 0900 – Noon
 Specify Preferred Day: Monday Tuesday Wednesday Thursday Friday

Weekday Mornings, 1300 – 1600
 Specify Preferred Day: Monday Tuesday Wednesday Thursday Friday

Weekday Evenings, 1800 – 2130 (Evening teams rotate each weekday evening)

ADVISE YOUR REFERENCES THAT THEY WILL BE CONTACTED. DO NOT LIST FAMILY MEMBERS AS REFERENCES.

Name	Relationship	Home No.	Business No.	Cellular No.

How did you find out about our Volunteer Program with Victim Services Unit? (check all that apply)

The Edmonton Journal Other Agency
 The Edmonton Sun Edmonton Police Service
 The Edmonton Examiner RCMP
 Through friends and family Crown's Office
 TV Ads (Access Television) VSU Website
 Recruitment Display Other _____
 Employer

The following factors need to be considered when applying for a volunteer position with the Victim Services Advocacy Program. Please answer yes or no to each question:

I am willing to sign a contract upon acceptance, which will outline the terms and conditions of my volunteer work with the Victim Services Unit. Yes No

I am willing to volunteer for one year. Yes No

Are you currently under a physicians care? Yes No

Have you been under a great deal of stress over the past year? Yes No

Are you currently seeking mental health care? Yes No

Have you experienced a traumatic event over the past year?
If yes, what was the nature of the event? Yes No

Have You Ever Been:

Convicted of a Criminal Offence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Issued a Warrant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Charged with a Criminal Offence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Served with a Court Order?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Placed in the Alternative Measures Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diagnosed with a Mental Disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Given an Official Warning?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Granted a Pardon?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I certify that the statements provided by me are true and accurate to the best of my knowledge. I understand that any falsification on this application could / will result in me not being considered for a volunteer position with the Victim Services Unit.

I, _____, give permission to the Office of the Chief of Police to obtain all information necessary to qualify me as a volunteer of the Victim Services Advocate Program.

PLEASE NOTE:

For security reasons, all Edmonton Police Service volunteers are required to undergo an extensive criminal background check. Should your application proceed, you will be required to provide information about immediate family members and those residing with you who are twelve (12) years of age and older.

I acknowledge that any false information given on the application will be grounds for denial of acceptance or immediate dismissal.

Signature

Date (YYYY / MM / DD)

To submit your application:

Call the divisional office closest to your residence to arrange to drop off your completed application and enhanced security forms. The VSU Divisional Coordinator will verify your picture ID and witness your signature on the security form.

Contact information for the Divisional Offices:

Downtown Division **780-421-2761**
9620 – 103A Avenue, Edmonton, AB T5H 0H7

North Division **780-426-8163**
14203 – 50 Street, Edmonton, AB T5A 5H6

Southeast Division **780-426-8263**
104 Youville Drive, Edmonton, AB T6L 7H6

Southwest Division **780-426-8363**
Advocates for Southwest Division are presently being trained in Southeast Division and the Today Centre.

West Division **780-426-8063**
16505 – 100 Avenue, Edmonton, AB T5P 4X9